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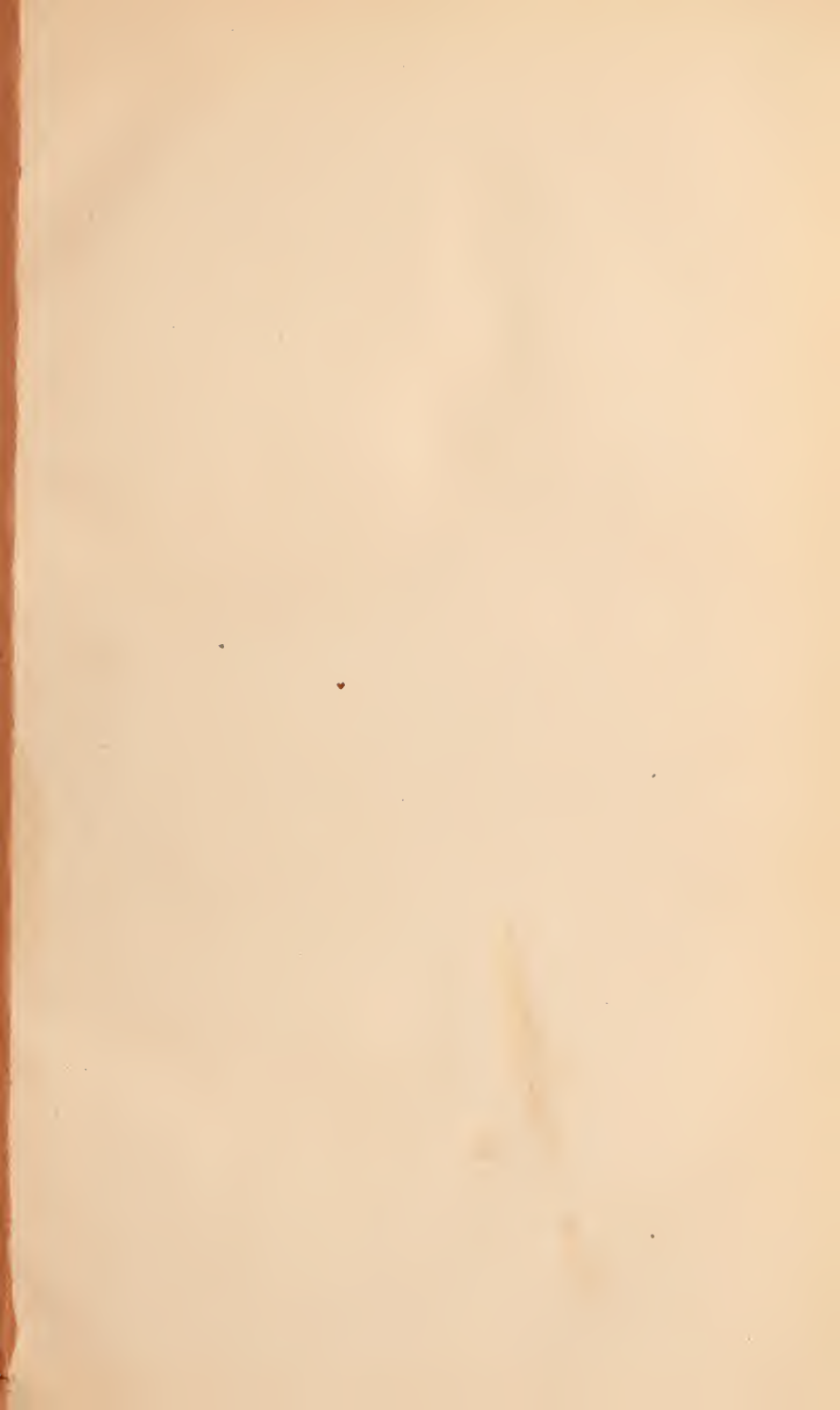
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AMERICAN
ECLECTIC MEDICAL REVIEW.

EDITORS,
ROBERT S. NEWTON, M. D.,
PROF. OF SURGERY IN THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK

AND
P. ALBERT MORROW, M.D.,

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AMERICAN
ECLECTIC MEDICAL REVIEW;

A Mon'hly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. IV.

JULY, 1868.

No. 1.

ORIGINAL COMMUNICATIONS.

Appeal to Medical Eclectics.

BY ALEXANDER WILDER, M. D.

THE claims of the school of Eclectic medicine upon its friends and practitioners are of the most imperative character. As an improved system, dispensing with the mischievous notions and nostrums of the old school, and establishing a superior method of treating the sick, with a more scientific materia medica, it is entitled to lasting honor and gratitude. For the liberality of its code it deserves credit; perhaps its innovations upon the procrustean usages which had before been established are not among the least benefits which it has conferred. Till within the last quarter-century, in many States of the American Union, "irregular" practitioners of medicine were liable to penalties for pursuing their vocation. But now the proscriptive laws have been repealed, and at the present time the man who can demonstrate his ability to treat disease successfully, is at full liberty to do so in the face of the whole world. Freedom of medical practice has been established in the United States, along with freedom of private conscience, and the earth continues

to revolve on its axis undisturbed, and without even an oscillation.

In the Constitutional Convention of the State of New York, a feeble endeavor was made last year to engraft anew a proscriptive policy upon the jurisprudence of the State, and one or two speeches were made upon the prevalence of quackery, the poisonous properties of lobelia, and the unjustifiable practice of a medical college in Philadelphia of peddling degrees of doctor of medicine to whomsoever would purchase their disreputable parchment. But the Convention, by a large majority, rejected Mr. Calahan's proposed section. Again, the attempt was made in the Legislature, under the auspices of old school physicians and homœopathists. How the animosities of the two sects were sufficiently obviated to enable this joint conspiracy to subvert the freedom of the practice of medicine, has not been shown; but let it be placed on record that, for once, in the year 1868, there was an illustration of the old crucifixion episode: "And the same day Pilate and Herod were made friends together; for before, they were at enmity between themselves." A bill providing for a board of State censors to license every person to be permitted to practise medicine and surgery in this State, was introduced into the Senate; but the individuals who were pressing it found speedily that the ethics of the afternoon of the nineteenth century were not derived from the Star Chamber or the Office of the Holy Inquisition. They were glad to beat a retreat, one which came very near being ignominious.

The evangel of the present period in the history of the world is the freedom of the individual; freedom to worship God intelligently as well as reverently; freedom to adopt vocations without restriction; freedom to entertain and promulgate sentiments which are honestly entertained. Religious, political, and social freedom go hand in hand. The pen of Luther disturbed the tiara of the Pope, and the propaganda have not been able to readjust it to the present day. The divine right of kings and prelates has gone with Simon Magus and his money. There is hope for a social

system in which drunkenness and prostitution will not be considered necessary elements. Medicine is necessarily a participator in all such benefits. Utility and not statutes must determine its prerogatives.

This vantage-ground has been secured by the exertions of Thomsonians and Eclectics. Homœopathists have offered to strike hands with their natural adversaries, to exclude all others from the arena of practice; while our friends have patiently demonstrated the benefits of their methods of treatment, and besieged Legislatures till the arbitrary statutes of former years were expunged.

But the school of Eclectic medicine cannot long stand or retain public confidence if its practitioners and patrons rest satisfied with these achievements. It is never enough to conquer independence, the benefit must be confirmed by the establishment of proper institutions. The Goths of Spain, the Franks of Gaul, and the Normans of England, despite their conquests, passed away and were absorbed into the peoples whom they subdued; and the medical eclectics of the United States have not yet placed themselves beyond an analogous peril. To be sure, they have improved surgery and revised the system of *materia medica*, but they can secure no patent for their improvements. The old school practitioners have only to adopt them, and the eclectics, as a distinct body, have no adequate basis on which to maintain a separate existence. Thus far, a bigotry, a vanity, and a malignancy only equalled in religious circles, has precluded this advantage from being taken. The Romanish unwillingness of the old school physicians to employ medicines which were not classed as "official," and their pompous affectation of contempt for what they style "empiricism," have kept better informed men from becoming members of their more numerous fraternity. The eclectic gospel will be received, east of the Atlantic, by medical men of all schools, before the bigots of America have well learned its features.

The Eclectic physicians are but thousands, while the old school tells its practitioners by tens of thousands. The City

upon Seven Hills has a similar analogy. The medical colleges of the old school exist in every large village and city; the homœopathists are also liberally supplied with instructional facilities, but the Eclectics have only a single college worthy of the distinction east of the Alleghany mountains. Several have been established, and maintained by extraordinary and unremunerated effort, during the last twenty years, but they have ceased to exist. Has there been indifference on the part of eclectics to this fact? The very continuance of the eclectic school of medicine is vitally dependent upon its scientific merit, and this cannot be long possessed without proper institutions for the instruction of physicians. Young men will require very strong prepossessions for Eclectic practice, to be willing to attach themselves to a medical denomination that has incomplete facilities for teaching. Ignorance may be the mother of devotion, but the reputation of being ignorant will not enable a class of physicians to sustain respectable position before the public. Before the eclectic physicians of the Atlantic States are the alternatives to maintain suitable colleges for medical instruction, or to be justly regarded by the community as an unworthy rabble of medical pretenders, boorish, untaught, and entitled to little confidence. It is of little use to assail the old school, or publish pretentious declamations against bleeding, the use of mercury and other noxious medicaments. The old school will outlive such pygmean assaults. Medical eclecticism must stand on a foundation of its own, as a distinct federation, and not depend for its propagandism upon the strategy of guerrillas and the tactics of bushwhackers.

There has been enough achieved to know that this can be done. The fact that with an imperfect organization, illiterate practitioners, and a powerful adversary to contend with, the statutes of the country have been expurgated from their illiberality toward "irregular" physicians, demonstrates a power, both social and political, that is most formidable. The growing disuse of the lancet and the substitution of remedies from the organic world for those of the inorganic, evince a subtile influence at work, eating away the very

foundations of the system of "Old Physic." The willingness of intelligent physicians and editors of medical journals in Europe to give the Eclectic medicines a candid examination, shows the further dissemination of the beneficial influence. The Eclectics have also broken down the wall of partition which the modern system of medical ethics had established to exclude women from the study and practice of medicine, and thus given to an entire sex their place in the arena of honorable effort in a learned profession. Valuable contributions to anthropology and other departments of knowledge have been made by members of their school. So there is intellectual capital, scientific and other advantages, robust energy and power of accomplishment enough to warrant the maintenance of a permanent and efficient medical commonwealth.

The friends and practitioners of Eclectic Medicine should therefore take this subject into especial consideration. They have it in their power to assure the continuance of their favorite system of practice in its integrity; while, by indifference and neglect they are likely to contribute to its disintegration and final subversion. The requisite of success is organization. It is high time to make organization perfect.

There has been established in the city of New York an Eclectic Medical College, with full powers and privileges. It has been in operation two years. The instruction which has been given by it has been as thorough as its circumstances permitted. It will not suffer in this respect by comparison with the Homœopathic and other medical institutions of the city. The student receiving from it a degree will be personally at fault whenever failing in professional success. This College deserves the countenance and support of the friends and physicians of the Eclectic Practice of Medicine. The importance of giving it such countenance and support is apparent to every one. It will enable this department of the profession to be recruited with educated practitioners, able to cope with their Old School rivals, to hold whatever ground the Eclectic School now occupies, and to make new achievements. It is essential to maintain Eclecticism in a

respectable social position. It is vital to the permanency of the Eclectic School as a distinct medical practice. Without facilities for education, young men, will shun association with Eclectic physicians as disreputable; Eclectic medical societies, important as they are to the maintenance of the distinctive school, will languish and finally pass out of existence; and the very name of "Eclectic" will be regarded as synonymous with quackery, pretentious ignorance, and professional loaferism. On the other hand, with a vigorous college annually swelling the ranks of reformed practitioners, the Eclectic profession will command respectful consideration; its physicians will be allowed official recognition, appointed to membership in Boards of Health, and otherwise honored where they are now discarded. In due time, with their regenerated practice of medicine and surgery, their professional skill and their superior culture, they can sweep the field.

Hand in hand with an efficient Medical College, there should be first-class books in Eclectic practice. There are publications enough, such as they are, already. But in point of literary merit many of them do not come up to the mark. Generally they are defective in style. Many Eclectic practitioners, even men of merit otherwise, are fond of what is called "highfalutin." The advertisement of a quack nostrum too closely resembles the professions of many eclectics. There is also too little acquaintance with the English as well as with the classical languages. I am often shocked and even disgusted with the diction and orthography employed by physicians. To be sure, the Old School physicians are not much better, but they are not the standard. The Homœopaths, more shrewd and observing, take great pains in these respects. Let the Eclectics prepare a set of medical works, exhaustive of the topics treated, finished in their style and erudition, and, what is equally important, perhaps, printed and bound in an acceptable manner.

In the ways here suggested, it does seem that the Eclectic School of Medicine may retain its aggressive character, uphold its distinctive existence, and finally, so far as it is

desirable, overcome all adversaries. Certainly it will thus sustain itself, and largely enhance its powers of doing good. Having done service of inestimable value to the world already, it ought to continue, as it began, the benefactor of mankind.

The men of the Nineteenth Century are the heirs of all the preceding ages. In like manner, Eclectic physicians are inheritors of the riches of all preceding schools. They should "magnify their office." The great question for them to determine is whether, like the faithful and wise servant of the parable, they will make of their five talents other five talents, or will wrap their treasure in a napkin, cheating their master even of his usury. According as they act in this matter their portion will be the "outer darkness," or an honorable admission "into the joy of their lord."

Life Assurance.

BY JOHN JAMIESON, M. D.

WE are induced to offer a few remarks on Life Assurance, in consequence of finding its principles so little understood by many of the wealthy as well as the working classes, both of whom it is so eminently calculated to benefit; and to the circumstance of want of knowledge of its principles, may, no doubt, mainly be attributed the fact of so few availing themselves of the opportunity afforded by a very moderate expenditure, of making a handsome provision for their families when death shall have closed the scene upon the head of the house.

Although the general principles upon which the business of Life Assurance is based must be the same wherever it is carried on; yet its particular developments vary—and we purpose to give the subject some consideration pointing out its principles and advantages. It appears from the eighth annual report of the Superintendent of the Insurance Department, State of New York, that the year 1866 has been the

most fruitful year ever known for the organization of Life Assurance Companies. Six charters had been filed and five companies fully organized and incorporated, some of which have met with marked and unusual success. Some of these companies have adopted new and peculiar modes of transacting business and attracting patronage. One company takes a wider hygienic range, and from all the physical and moral signs of longevity exhibited by an applicant, and the special law of family vitality, as deduced from ancestral tendencies, both in the direct and collateral relatives, essays to modify the general law of average expectation of human life as stated in the Table of Mortality, so as to accord with the special law governing the individual case, rating his expectation of life or assumed age up or down the scale of Table expectation, according to the particular *quantum* of his unexpended force.

An Act lately passed by the New York Legislature, permitting under certain conditions the "registration" of Policies appears deserving of consideration. The Registry system, we are informed, combines the advantages of individual and corporate enterprise with governmental custody, supervision, and guardianship of funds. The practice, however, not being compulsory on either policy-holders or companies, must succeed if at all on its own intrinsic merits. In many localities not familiar with the status and standing of companies or of their officers, parties can sometimes effectuate their purposes more satisfactorily by the registration of their policies, thereby compelling a Company to deposit, in addition to its general deposit of \$100,000 made by all companies, a further special amount equal at all times to the net present value or re-insurance fund of such policies. The Act referred to is silent upon the subject of State liability to the policy-holder. It is permissive, not imperative in its character, allowing any Life Assurance Company, duly authorized to make assurance on life in this State, to deposit certain securities in the Insurance Department, to be held by the Superintendent, in trust, until the obligations of the depositing company, under its registered policies, shall be

fully liquidated, cancelled, or annulled. In this manner the State, through the Insurance Department, becomes the custodian of the re-insurance fund of registered Life policies. The Superintendent does not understand that any technical or legal liability on the part of the State is created thereby, except faithfully and with ordinary care and diligence to perform duties incident to its trust relations. The Superintendent further goes on to say that an amendment to the Registry Act for Life Insurance policies, limiting and restricting the securities to be deposited solely to Registered New York State Stocks, would entirely eliminate all risk of loss on the part of the State, appreciate the market value of our stocks, and return them practically funded to our own vaults. The State could then, without any risk, become responsible for, or even guarantee the payment of registered Life policies and annuities. Under the present system of registration, although the State is not legally responsible for the payment of the registered policies, yet there is a moral responsibility attached to the trust which might, under certain circumstances, compel the Legislature to assume the payment of policies. The Superintendent, therefore, recommends an amendment of the Registry Act, limiting the deposits to New York State Stocks, and then assuming the same State liability for registered policies in case of their non-payment by the company, as that contained in the Banking Act, in reference to the payment or redemption of bank bills or circulating notes. Such a system well guarded and regulated would make a Life policy or annuity just as safe as the stocks of the State of New York, with no real liability on the part of the State except to pay its own State debt.

The Life offices doing business in the State of New York are required to furnish very full and detailed statements of their Liabilities, Income, and Expenditure. In reference to this the Superintendent remarks: The business of Life Insurance was assuming such enormous proportions and national importance, that it was deemed necessary and conducive as well to its own preservation as the public welfare, that the companies should be subjected to more

detailed analytic and exhaustive exhibits of their Assets and Liabilities, Income and Expenditures, and a more perfect *exposé* of their various modes of operation, and that stricter surveillance which always accompanies publicity. Sunlight is not more conducive to healthy vegetable life than Publicity to corporate well-being. Probably no corporations in any country were ever subjected to such a complete disintegration of their internal mechanism and to so minute an inventory of Resources and Liabilities; but no corporations in any country were ever so trusted with the public confidence or ever reaped such princely and progressive Incomes, with liabilities payable mostly to the next generation.

A series of very interesting tables are given in the Report above alluded to, showing the progress during the last eight years, of all the Life Offices doing business in the State. It appears that on the 31st December, 1866, there were 39 offices only doing business, which had 305,390 policies in existence, insuring \$865,105,877.24; the annual premiums amounting to \$36,197,598.35; that the amount of losses in 1866 was \$6,423,668.35; and that the total amount of the Assets was \$91,587,027.57; the average amount of each policy being \$2,832.79.

It appears that in some companies a portion of the assets consists of "premium notes." The Superintendent thinks that in some instances the proportion these bear to the total assets is excessive, and he desires some legislation to remedy the evil. He remarks: "The usual practice of attempting to hold only enough assets in promissory notes to offset current dividends, has been flagrantly violated, and the pressure and competition for business is so sharp and reckless that the tendency to accumulate an excessive amount of premium note assets appears to be increasing with some companies."

Such is a brief account of the present state of Life Assurance in this country, and which we have no doubt will be read with interest and advantage by the public; and with these few observations we pass on to notice the principles of Life Assurance.

An Assurance upon Life is a contract by which a company,

for a certain sum, proportioned to the age, health, profession, and other circumstances of the person whose life is the object of assurance, engages that the person shall not die within the time limited in the policy; or, if he do, that the company will pay a sum of money to him in whose favor the policy was granted; or to his heirs. The contract may be for a year, a term of years, or for life, and may depend on the failing of one or more lives; and the consideration may be paid all at once, or in annual instalments. If the contract be for a year, it differs but little from a Fire Insurance contract, running through the year. In the latter something may be saved in case of a fire; but in the former, if death ensues, it is a total loss. It is more equitable than any other insurance contract, because the value of the risk is better known. In consideration of a sum called premium, the Company agree to pay a certain amount to the assured's heirs, if he die within the year. The premium paid is a rate per cent., calculated for the age of the individual, upon the probable chances of his living the year out. But there are no fixed laws for calculating the chances of loss under the ever varying circumstances attendant upon fires. Experience and competition adjust the premiums to the average worth as well as they may. Assurance for a term of years, or for life, is not so simple a contract, because it involves the question of the compound value of money. The theory of Insurance is the same of whatever name. Its characteristic is a tendency to reduce the advantages to an average value. It is an agreement that those having more than an average success, shall give the overplus to those who have less. The profits a Company makes, compensates for the losses, and it is the same to the protected as if they had done it themselves, by throwing into a common fund the average value of the risks, and had agreed to indemnify the losers. A Company may be viewed as the necessary Agents of such an Association, and the profits the salary of their functions. A very extensive ship-owner, or owner of houses, would derive no advantage from insurance, because the average value of all the premiums would overbalance the losses. A saving accrues to them to

run their own risks. But to the owner of one of a few ships or houses, or to the family dependent on one life, the case is very different. It is of all importance to such persons to have the opportunity of paying the average worth of insurance. How a man can insure his house against fire, when it is many hundreds to one it will not be burned, and not to assure his life when it is certain he will die, is a paradox of such a character that can only be accounted for on the ground of ignorance.

Amongst the new companies of this city will be found the "First National Eclectic Life Assurance Society of the United States, for the Mutual Assurance of Lives, Savings, and Homesteads." The high standing of the parties connected with this office at once removes all doubts as to the stability of the institution. Such ample particulars in reference to premiums chargeable, &c., are given that it is unnecessary to do more than inform parties desirous of insuring their lives of the preliminaries necessary to adopt. Forms of application, in the first place, intimating a desire to assure, are procurable without charge from the office; references are required to parties of respectability, with a view of ascertaining the habits of life of the party desirous of assuring his life, and should these prove satisfactory, the party who has proposed to assure is subjected to an examination by the medical referee of the Society, for the purpose of ascertaining whether or not he is laboring under any disease, constitutional or otherwise, calculated to shorten life. Should the report of the medical referee be favorable, the Society at once accept the risk and issue the policy. Thus it will be seen that the process is extremely simple and inexpensive; and, without any desire to disparage a variety of benefit societies, lodges, and clubs, we do not hesitate to affirm that life assurance companies offer far greater and more certain advantages.

Whilst contending that a well-conducted life assurance society is by far the best and safest mode of making provision for those whom they may leave behind, we should be sorry to discourage persons from resorting to other modes of

anticipating the wants of those near and dear to them. It is quite possible, for instance, that delicacy of constitution may cause some to be regarded as ineligible by assurance companies in which they are desirous of assuring, and that very circumstance should induce them to redouble their efforts to provide against the hour of need. Again, a life assurance policy is a negotiable instrument. It may be disposed of to any private individual, or the assurance company will become its purchaser, so that the assured may derive full benefit of all his payments.

Viewed in any light, we think it must be apparent that the pre-eminence which we claim for life assurance societies is fully warranted. It would be difficult to overestimate the importance of a little private hoard to any man; it not only proves a succor in the evil day, but it tends to improve his whole moral nature. Wealth has been the subject of many bitter remarks to both the poet and the philosopher, but it is, after all, a greater friend to virtue than to vice. Often, a very small amount of it, acquired by honest industry, will supply a modest pride that supports, if it is not in itself, moral efficacy. Doing well in this small way suggests and leads to doing well in other ways. The saver may prove the stay of a declining parent or other friend; he can perform a better duty to his children; he can contribute to philanthropic objects which interest and bring out his better feelings. It may even happen that, from less to more, and with no sacrifice of peace of mind, he is enabled, by saving, to rise into a higher grade of society. One of the best of the immediate effects of saving is that, once fairly begun, it proves a preservative from many extravagancies and vices. Temptations may present themselves, but the mind reverts to the fondly-regarded little family circle, and they are easily resisted. Hence, it is generally observed that once a practice of saving has commenced, a great revolution takes place in the character. Irregularities and self-indulgence disappear, and steadiness, sobriety, and reflection take their place. A prejudice exists in the minds of many people, and is perhaps affected by others against

any thing in the shape of a savings bank, on the ground that when a man is known to save he is the more liable to have his income reduced by his employer, or to want employment when there is any thing like a general failure of commercial enterprise; but surely there can be little foundation in fact for this notion. It is a general wish amongst employers that their employes should save, and many endeavor to bring this about by instituting savings banks and acting as managers. It is, on the contrary, felt that every employé who has saved a little is likely to be a much more respectable person than he who has not. Indeed, a receipt from a savings bank is one of the best certificates of character which a man can show.

We cannot help thinking, however, that a policy of assurance upon his life would be a still better evidence of character, as it would forcibly exhibit the noble and disinterested nature of his efforts, having for their object not the aggrandizement of himself, but securing from want those near and dear to him after his earthly career had closed.

We shall continue the subject in the next number.

Fungous Hematodes—Malignant Epithelial Cancer of the Uterus Cured by the use of Carbolic Acid.

BY J. M. COMINS, M. D.

MRS. W——, a lady of fine intellect and high culture, fair complexion, of scrofulous diathesis, has enjoyed good health all her life, up to her present affection. She is thirty-six years of age, has borne three healthy children, the youngest of which is five years. She describes her case as follows:

“I recovered from my last parturition as rapidly as from any previous one, save I felt a tenderness of the abdomen, in the region of the uterus. On applying to my physician, I was assured it would soon wear away. The soreness continued about the same, together with leucorrhœa, more or less, for four years, with no appearance of menstruation.

At that time I began to have a discharge of blood from the vagina, which has continued constantly for twelve months. Various physicians prescribed for me, using nitrate of silver, mur. tincture of iron, tannin, acetate of lead, and various other astringents, as vaginal injections, all to no purpose. I have been bled several times, and taken large quantities of iron and sarsaparilla, but I am no better."

On examination, I found an epithelial cancer attached to the lower third of the uterus upon the left side, as was afterwards revealed, the mass filling the vagina, so that its base could not at first be discovered. It had distended the uterus to about the size of one six months in gestation. The morbid growth was of a dark crimson color, not very sensitive to the touch, completely covered with excrescences or nodules, from which blood oozed freely upon the slightest touch. On passing my finger around the mass, for the purpose of ascertaining its attachment, it produced profuse hemorrhage.

She assured me muriated tincture of iron would not check it, nevertheless, I was induced to try it, full strength, to a portion of the surface. I accordingly introduced one of Furgusson's speculums, through which I applied muriated tincture of iron with pencil brush, to a portion corresponding to the size of the small end of the speculum. While the tincture was in contact with the surface of the tumor, the flow of blood ceased, but soon after the application was removed, and the surface washed to prevent injury to the surrounding tissue, the hemorrhage continued.

I could not ligate the mass, because I could not reach its base. Various remedies had been applied, all to no purpose, and from my manipulations hemorrhage had become excessive. I took a saturated solution of carbolic acid, strength, five per cent. by weight, and with the ordinary hypodermic syringe injected about half a dram into the centre of the fungous growth, causing but little pain. Two hours after the operation, the hemorrhage had entirely ceased from that portion of the tumor below the os uteri, but continued slightly from the cavity of the uterus. This

being a new operation, I waited four days, patiently watching the result. The carbolic acid prevented decomposition and sloughing, and I still had a firm mass, quite tough, and resembling very much a piece of liver, and completely filling the vagina. Upon trying to remove it with the knife and forceps, I detached the dead portion from the living, within the cervix uteri, and hemorrhage immediately recurred. I continued with two injections of carbolic acid at intervals of three days, removing as much of the dead portion as possible each time; then applied the acid to the base of tumor upon the walls of the uterus with a brush daily, for about ten days, keeping the cervix uteri well dilated with sponge tents. I ordered vaginal injections of clear, cold water twice daily, together with compound syrup of stillingia, and iodide of potassium, and a generous, nutritious diet, and in thirty days discharged her cured. She still remains in good health, fifteen months since the occurrence.

No. 100 East Twenty-sixth Street, New York.

Alcoholic Fluid Extracts.

MR. EDITOR—

In the May number of that valuable medical periodical, "The Electric Medical Journal" of Cincinnati, there appears an article on Fluid Extracts, over the signature of "Adolphus."

The subject of fluid preparations has engrossed the attention of journalists, physicians, manufacturing chemists, pharmacutists, speculators (both practical and theoretical), to a very considerable extent. Many theories have been presented, and processes published, some plausible and based on sound principles, others with no such foundation. This form of medication has been more extensively used by the profession than any other, and princely fortunes have accrued to some of the manufacturers.

Each interested party has from time to time presented and defended his peculiar theory and process, practical and

otherwise, (some cases we imagine from the impracticability of the published process, the defenders had no intention of employing the same,) almost all have been assailed by competing manufacturers, parties writing in their interest, and theorists generally. But at no time, and under no circumstances do we remember to have read such wholesale, and I am compelled to say unprofessional denunciation of the whole class of preparations known as "Fluid Extracts" as in the article referred to above. That fluid extracts, concentrated, saturated, and essential tinctures (so called), and other fluid preparations, have fallen greatly into discredit among the profession, is certainly true, and is due to the want of a practical knowledge of pharmacy, and a lack of common honesty in the manufacture of some of these articles. But to make the broad assertion that they are *all* TRASH, without even giving us a chance to discover that the writer knows of what he speaks, would appear to us as an assertion unprofessional in its character.

Did the present paper admit, we think we could demonstrate; that fluid extracts are, have been, and will continue to be the "stand by" of the practitioner; that they *can* be made *concentrated* without heat, retaining the FULL therapeutic powers of the crude agent; that in no other form of preparation can this condition be obtained; that the powdered concentrations although highly valuable, (as quinine is valuable although it does not represent the FULL active medicinal properties of bark,) when properly investigated and understood, do not do so; that there are some manufacturers left, with common honesty; that when the laws of percolation are properly understood, it will be found that it is not necessary to use a very large amount of menstruum to WASH OUT the active matter, in fact, that it can be obtained without any WASHING at all; and that the words fluid extracts is the most scientific term to apply to concentrated fluid preparations.

Although the article referred to was evidently written in the interest of some favorite manufacturing house, the profession has been too much abused in the matter of fluid

extracts, to bear the rude shock of being told, by a professional chemist, that he has *examined* the whole *trash* known as fluid extracts, and finds them not only pharmaceutically worthless, but dishonestly manufactured.

It is well known that there has been some dishonesty and much incompetency displayed in the manufacture of these most valuable and indispensable preparations, and it becomes in our estimation, the duty of the profession to report the value of such as they may employ. But in so doing they will assist the cause of truth without prejudice by naming the particular preparation, and manufacture so examined, *and the mode of examination*. The careful physician will then have the opportunity to discern for himself, between the worthless and valuable.

It is further claimed in the article referred to, that the fluid extracts of such articles as *hydrastis canadensis*, *podophyllum*, &c., "are simply liquors (from which the active principle has been abstracted) boiled down to a suitable consistence, into the vile trash they choose to call *HYDRASTINE*," &c., (we have yet to learn that the active principle of *hydrastis canad.* is *HYDRASTINE*.) If this be true of any manufacture, it is certainly worthy of the highest censure. How it can be done without a certainty of detection is beyond our capacity to understand; but presuming on the authority of the writer that such is the fact, we propose to describe a few simple tests, easily put in practice by the physician in a few moments, requiring very little apparatus and but a nominal expense.

It is further our intention if time and the valuable space of your journal permit, to present from time to time our research in the matter of fluid extracts and concentrated powders, chemically and pharmaceutically.

This we premise to be a more candid method, and we trust more acceptable to the profession than a wholesale and indiscriminate condemnation of this class of preparations.

The active matter extracted from *hydrastis canad.* we presume refers to the article sold as "*hydrastin*." Its name indicates it to be a resinoid; it is really an alkaloid. The

writer calls this *hydrastine*. Hydrastine, according to the accepted nomenclature, would represent the neutral principle. The preparation sold as hydrastin, and muriate of hydrastia is really the alkaloid berberin.

If a given quantity of fluid extract of hydrastis be slowly evaporated to one quarter its bulk, and then mixed with three or four times its bulk of water, the resin, which is small in quantity, will be precipitated. This can be separated by filtration. To the clear liquid add an equal bulk of saturated solution of muriate of ammonia, and a few drops of hydrochloric acid. This should give in a few moments an abundant yellow precipitate, consisting of a muriate of the yellow alkaloid berberin, with the neutral principle or hydrastine. (If the manufacturer has been sufficiently dishonest to have separated this principle, of course this test will give no precipitate.) Filter as before, and add aqua ammonia in slight excess, when there will be precipitated the white alkaloid hydrastia. This precipitate will be colored to some extent by vegetable pigment. The remaining liquid though still highly colored, contains no active matter. The precipitate caused by mur. ammonia and hydrochloric acid should, if the manipulations be properly managed, weigh when dry about 3 drachms, supposing 1lb. of fluid extract, representing 1lb. of root, be used.

To test the fluid extract of podophyllum for imposition, it is only necessary to evaporate as before to about one third its bulk, then while hot pour into four times its bulk of cold water, slightly acidulated with hydrochloric acid. If properly prepared there will be an abundant precipitate of a light buff color. One pound of fluid extract from one pound of root, should yield about four drachms pure resin (dry). If there is no precipitate of course the resin has been previously separated.

I feel, Mr. Editor, that no honest manufacturer will fear to have these tests applied, whereas it may serve to unmask those who are lauded at the expense of all the rest.

Let us have full and open discussion on this subject ; it is

one of vital importance to all ; but I would suggest that it is both imprudent and unfair to make assertions that cannot be demonstrated.

JAMES DAY, M.D.

Empire Chemical Laboratory, 221 E. 26th St., New York.

New Uses of the Bromide of Potassium.

BY P. ALBERT MORROW, M. D.

THIS remedy is now having quite a run of popularity, and it is to be hoped that a more extended experience will confirm the wide range of therapeutic properties which have been attributed to it. We fear, however, that, like many new agents, its claims have been urged with more pretension than its real value warrants. There seems to be a disposition on the part of many physicians to prescribe drugs of recent introduction with but little discrimination, and without waiting to note carefully their effects in a great number of cases, to hastily conclude, because their use seems to be productive of good results in one or two instances, that they possess specific virtues for that particular class of affections. The bromide is a remedy of unquestionable therapeutical worth, and is destined, no doubt, to occupy a prominent position among our curative agents. Certain experiments on animals which have recently been made by MM. Martin-Damourette and Pelvet, will serve to explain its physiological and therapeutic action. From a large number of experiments they found that "the irritability of a muscle or of the heart is extinguished in one to three minutes by the contact of the bromide, solid or in solution. The motor-sensitive nerves lose their excitability by the direct contact of the bromide. The excitability of the spinal cord is also directly extinguished by it. The brain is also affected ; a true anæsthetic sleep is produced like that by chloroform or ether. The respiratory movements are at first enfeebled, then abolished. The heart is paralyzed like all the other muscles, but far from being especially affected, it resists longest in cases of regular bromism. The capillary

circulation is constantly lessened. The lowering of temperature is constant. The urinary secretion is the only one much affected in animals; it is always increased.

“The constipation which many patients present under treatment by the bromide shows a decrease of the intestinal secretion, and, moreover, lessened sensibility and contractility of the muscular layer of the intestines. The same effect is produced in the pharynx, œsophagus, and bronchi, and in all the muscles of organic life. This explains the success of the bromide in spasm of those muscles, (dysuria, dysphagia, whooping-cough, asthma, &c.)

“The anaphrodisiac property of the bromide resides chiefly, if not wholly, in its vaso-motor influence, which appears to be the only one common to all the more certain anaphrodisiacs.

“The effects of the bromide are always direct, that is, due to the conflict of this agent with the tissues, whether at the point of application, where it is carried by the circulation, or in the organs of elimination. The specific character of the bromide consists in its affecting equally the functions of the sensitive and motor nerves, the brain and spinal cord, as well as the muscles. The heart alone often resists for some hours. From the commencement the capillary circulation and the pulsation of the heart are diminished, and the lowering of the temperature is dependent on this. The respiration is only influenced through the muscles. The secretions of the mucous membranes and the skin are reduced in proportion to the anæmia of their surfaces. The genital depression is due to the contraction of the afferent vessels of the corpus cavernosum.

“The general sedative effect of the bromide on the nervous, muscular and vascular systems, explains the success obtained by its employment in general or local neurosis or hyperæmia without the necessity of theorizing with regard to any special affinities.”

IN THE VOMITING OF PREGNANCY.—Dr. D. W. Hodgkins, of the *Boston Medical Journal*, speaks very highly of the bromide in the vomiting of pregnancy. He does not regard

it as a specific in all such cases, but thinks it will prove a remedy of great value. In one or two aggravated cases, where the nausea was constant and there was a rejection of all food taken, after all the ordinary means of relief had failed, the administration of this agent was followed by immediate and permanent relief. He prescribed as follows: Bromide of potassium half an ounce; water four ounces; of which a dessert spoonful was to be taken once in two hours. Three doses quite relieved all nausea. Where there was any return of the nausea afterward, it was allayed by a single spoonful.

IN PREVENTING NAUSEA FOLLOWING ANÆSTHESIA.—Dr. Alex. J. Stone has published a small pamphlet detailing his experience in the use of the bromide in correcting the nausea, vomiting, and other disagreeable effects attendant upon the use of ether. He instances some thirty cases in which the efficacy of this drug was peculiarly marked. The chief objection to the employment of ether has been the great functional derangement of the stomach which almost invariably follows its use, and if this objection is obviated, there is no doubt that it will almost entirely supersede the more dangerous article, chloroform. Dr. S. further remarks, "I have, within the past four months, been obliged to prescribe it for various symptoms attending uterine disease, such as insomnia, hysteria, epilepsy, and other forms of mental and nervous derangement. With the single exception of the resulting acnoid eruption which passes away voluntarily when the medicine is discontinued, I have been so fortunate as not to have seen any ill results. In case it is to be given after the use of ether I would recommend the exhibition of either 30 or 40 grains every 30, 45, or 60 minutes, as may be found desirable. I am inclined to think, from an extended series of experiments, that there is little or no risk of gastric, nervous, or other irritation from its use, even in doses that might seem enormous, provided the bromide is exhibited in at least twice the amount of water required to dissolve it."

IN ASTHMA.—In the *Richmond Medical Journal* Dr.

J. D. Palmer reports a case of distressing asthma of seventeen years' standing, in which the paroxysms occurred nearly every night, with occasional intervals of a week, which came under his notice about four months ago. He prescribed the bromide of potassium in 20 gr. doses, twice a day, and found it capable of exerting the most satisfactory influence over the disease. Only two paroxysms have occurred since, and they were produced by unusual exposure, together with neglect of the remedy. He therefore cordially recommends it in similar cases.

Dr. Belgie also reports having permanently cured two cases of asthma of long standing, where the patients had renounced all hopes of benefit from drugs, by the use of bromide of potassium in full doses, night and morning.

IN WHOOPING-COUGH.—Dr. Helmke treated successfully, by inhalation of a solution of bromide of potassium, twenty-three children suffering from whooping-cough. He generally used a solution of 2 grains of the salt to an ounce of distilled water; from one ounce to an ounce and a half of this was used in the course of a daily sitting, lasting, on an average, for eight minutes. All the above cases, varying in age from one and a half to eleven years, were, at the commencement of the treatment, in the early stage of the convulsive period, attended with frequent attacks of coughing, the daily number of which varied from ten to twelve. The cure demands from eight days to three weeks. His theory of the action of the bromide in such cases is that the salt acts as an anæsthetic on the mucous membrane of the mouth, larynx, and trachea, and also that it acts as a slight astringent and diminishes the tenacity of the mucus which can now be more readily expectorated.

IN STRIDULUS LARYNGISMUS.—Dr. T. M. Rooke, in the *British Medical Journal*, suggests the great probable value of bromide of potassium in the constitutional treatment of this affection, and narrates a severe case of this intractable disease occurring in a child of nine months, which had resisted all the means generally recommended, but yielded to the employment of the bromine salt. He commenced in

doses of one grain twice a day, and gradually increased it to two grains. He has now been taking it ten months, has never had another fit, and has otherwise been in excellent health.

Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF JAMES DAY, M. D.

[Continued from page 253.]

CASE 5295.—This, it will be remembered, was a severe case of catarrh, resulting in obstruction of the lachrymal duct, abscesses had formed and resulted in fistulæ, presenting a scrofulous tendency.

June 2.—The last fistula has closed, and is granulating nicely. The others have entirely disappeared, and traces of their previous existence becoming obliterated. The duct performs its functions perfectly, the eye resuming its natural appearance.

We continue the wash of Hydrastis and Sulphate of Zinc, also the Compound Stillingia Pills, and recommend their use for some weeks.

This being the first opportunity we have had to thoroughly test this form of pill unaided by other medication, we cannot speak too highly of their action, as a powerful alterative, and recommend them to the profession as perhaps the best combination of Stillingia, and kindred agents for the treatment of scrofulous diseases, more especially those that have been aggravated by mercurials. The formula will be furnished to any physician on application at the Empire Chemical Laboratory, 221 E. 26th street.

James C——, age 40. Native of Ireland. Single. Partial deafness, resulting from catarrh (five months standing), irritation of auditory nerve, constant pain in vertex and frontal region, singing and roaring noises, with other symptoms of congestion, derangement of stomach, loss of appetite, impaired vision, tongue heavily coated, and a discharge of thick gelatinous secretion from the nares.

Prescribed Pil. Cathart. Comp. j. omni nocte, and to syringe the ear with warm soapsuds once daily, using about one pint each time.

May 22.—Patient states that his appetite and general health are much improved, has less noise in the head, can distinguish sounds more readily, still some sense of fullness with singing noise and pain in the frontal region. Gave the following to be used as a snuff every night:—

Powdered Bayberry, Myrrh, Hydrastis and Bloodroot. Continuing the warm soap and water injections.

May 25.—Patient says snuff acted like a charm. Pain all gone. No more noise in the head; offensive secretion from nares arrested; hearing much improved. Gave more snuff; desiring him to return if necessary; have not seen him since.

Abram M——, age 29. Native of Germany. Married. Incipient Phthisis, with laryngitis and bronchial irritation.

This patient presents himself much emaciated; has hectic fever, night sweats, respiration short and hurried, pallid countenance, pulse 100; has severe spasmodic cough, with profuse yellow expectoration; no appetite. There is soreness of the pectoral muscles and enlargement of the pupils; on auscultation, the respiratory murmur is feeble, with bronchial rale; on percussion, there is dullness in the lower lobe of the left lung. On examination of the throat, the tonsils appear elongated and ulcerated, and covered with a thick frothy expectoration. Patient says he has suffered during three years, and cannot walk the length of a block without rest. After giving explicit directions as to diet, clothing, exercise, bathing, etc., we prescribe as follows:

R Potassæ Chlorat., ʒij.; Aquæ, ʒiv.; Al. Fld. Ext. Hydrastis, ʒij. M. The throat to be gargled twice daily.

R Al. Fld. Ext. Silphium, ʒiv.; Hydrastis, ʒij.; Asclepias, ʒij. Syrupi Helianthi Co., ʒiii. Dose, 2 teaspoonfuls three times daily.

April 22.—The condition of the throat much improved; appetite gaining; cough less troublesome, but expectoration increased; slowly gaining strength.

Continue the cough drops as above, and use frequently

during the day inhalations of tar. Also take 2 Cod Liver Oil dragees three times daily.

April 29.—Rapidly improving in every respect, continue treatment.

May 13.—Patient says he walked this morning from Thirtieth street to City Hall park without inconvenience; had resumed his occupation. Recommend continuance of Cod Liver Oil dragees, with the inhalations of tar, and discharged him.

Francis K——, age 28, single, native of Ireland. Gonorrhœa. First appeared three days since, with usual symptoms. Has now a muco-purulent discharge, with scalding, and slight symptoms of chordee. Second attack. Gave proper instructions as to habits, diet, etc., and prescribed as follows:

May 19.—Al. Fld. Ext. Agrimonia, ʒj.; Gelseminum, ʒj. Thirty drops 3 times daily in water, or Decoct. Althæ.

R̄ Zinci Sulph., grs. vj.; Al. Fl. Ext. Hydrast., ʒj.; Tinct. Opii, ʒij.; Aquæ; Glycerine, aa. ʒxiij. Ft. Lotio. to be used as an injection twice or three times daily.

May 22.—Reports no scalding, or chordee; discharge apparently clear mucus.

Continue treatment; also take 5 drops Oil Erigeron twice daily.

June 4.—Reports himself cured.

In this connection, we would state, that we have not a drop of that nauseous drug, Copaiba, in the Dispensary, and never fail to cure Gonorrhœa without it. The Oil of Erigeron, which is suited to the secondary stage, *must* be absolutely pure, or failure will result.

PERISCOPE.

Dioscorea Villosa (Wild Yam).—By C. T. HART, M.D., Professor of Physiology and Pathology in the Eclectic Medical College of New York City.

A MORE extended clinical experience is daily developing a much broader range of action for the Dioscorea. For a

long time it was confined almost exclusively to the treatment of bilious colic, in which disease it has been regarded as very nearly a specific.

More recently it is found to possess equally positive, if not so speedy, therapeutic value in the management of other diseases generally found more obstinate and distressing.

It is a convenient plan for the physician to classify in his own mind his remedies with a view to the special tissues upon which they act, and the particular kind of derangement in such tissues which each remedy is best adapted to remove.

There is no doubt that medicines manifest special affinities for certain organs and structures, and no matter how introduced into the circulation, seek out and set up a modified functional or structural action in special parts. Classified on this basis, the dioscorea is found to act generally on mucous surfaces, particularly in overcoming irritation of mucous membranes, attended with pain resulting from spasmodic contraction of its muscular fibres. Here its primoidal and specific value is manifested, and it may be administered with benefit in such disordered conditions whether of the mucous membrane of the stomach, bowels, bladder, uterus, or the lining of the ducts opening into the primæ viæ. With this fixed fact in the mind, its application is readily suggested, and it is seen to possess a wide range of usefulness. Nor will the physician be disappointed if he provides himself with a reliable preparation of this truly valuable drug.

Commencing with disorders of the stomach, he will find it useful in allaying vomiting attending painful gastric irritation. In cancer of this organ, it is superior to any agent in soothing the pain, distress, and vomiting attending it.

Passing into the duodenum and tracing up the common duct into its minute ramifications in the liver, we find that here too it seeks out its special affinities, and often like magic, dissipates the pain, irritation and spasm of these tubes, which gives rise to bilious colic; and by removing the obstructions and abnormal regurgitating action of the intestine, opens the way for the pent up acrid bile to resume its natural channel, and pain, vomiting and distress rapidly disappear. In no disease, probably, is any single remedy more prompt and certain in action than the dioscorea in bilious colic.

Continuing further down the intestinal tract, we find that

its beneficial action is not confined to the upper portion alone, but that it grapples diseases of the lower bowel as well, when attended by the peculiar conditions—*pain* and *spasm*. Thus in the tormina, the painful tenesmus of dysentery, it is prompt to give relief, and can be most advantageously combined with other remedies in treating this distressing disease.

We can also trace it to the uterus, and in that form of dysmenorrhœa dependent on spasmodic irritation of the mucous membrane of the uterine neck, it acts promptly, and is a valuable adjunct if not in every case singly equal to the task of removing the disorder.

So, too, with the bladder. Dysuria, arising from irritation of the neck, yields promptly to the dioscorea, either alone, or better, associated with other agents.

Other diseases may be mentioned, but these examples are sufficient to point the physician to the general class of diseases in which this agent is indicated.

It may possess other and valuable properties, but as far as now studied, it seems specially potent in overcoming mucous irritations, attended by pain and spasm, and as a consequence the other disagreeable symptoms, as vomiting, distress, etc., arising from such a condition.

Reasoning from analogy, it might be beneficial in certain forms of asthma depending on irritation of the bronchial tubes. I am not aware that any cases have yet been reported to determine its action in this direction, except as an adjunct.

From what has been said, it would appear that the dioscorea may be classed as anodyne and anti-spasmodic, probably acting primarily upon the nervous system, allaying excitement, and secondarily relaxing muscular tissues. In certain cases, it will relieve pain where all preparations of opium entirely fail. This fact, together with its specific and unvarying action on certain diseased tissues, places it among our positive remedies, and renders it doubly valuable to the physician. It is hoped that every practitioner will act on the hints thrown out, and assist in fully developing all the virtues and uses of this plant.

In all the earlier experiments with the dioscorea it was administered in the form of infusion of the ground or powdered root, one ounce to the pint of water, and from two to four fluid ounces given every half hour. In bilious colic, this, unaided, was found to be sufficient to relieve almost every case; and indeed, so certain was its action, that in

event of failure, when the attack was uncomplicated, it was fair to suspect the genuineness of the crude material.

Subsequently, the dioscorein—a concentrated powder—was prepared, and in consequence of the smallness of the dose, bids fair to supplant any other mode of administration. It was claimed that the dioscorein represented the full therapeutic virtue of the crude root, and was highly recommended for bilious colic, cholera morbus, spasms, nausea of pregnancy, coughs, asthma, after-pains, dysmenorrhœa, flatulence, and hepatic disorders. But from some cause, latterly, this preparation has grown unpopular with many physicians who were returning to the use of the infusion, or abandoning it entirely as a general remedy. This led to other forms of preparation, as fluid extracts, and I am satisfied that an alcoholic fluid extract is now manufactured at the “Empire Chemical Laboratory” of New York City, which contains very nearly, if not all the virtues of the root, and may be relied on in the treatment of the above-mentioned diseases. In the process adopted by the proprietors, the various principles are extracted as *educts*, that is, as they exist in their native combination, unchanged by heat, by means of an application of the well-known principles of percolation and pressure, and are held suspended in their proper menstrua.

This process, when honestly carried out, cannot fail to extract the active medicinal properties, and experience already proves that when so made, the fluid extract may be relied on with as much certainty as the crude drug. The standard of strength is pound for pound, or minim for grain of the powdered root, and *uniformity* is maintained by careful analysis.

In conclusion, I once more urge the profession to test the virtues of the dioscorea on the basis of classification as an anodyne and anti-spasmodic, with special affinities for mucous surfaces; and also observe and report its powers as an expectorant.—*Eclectic Medical Journal of Ohio*.

Influence of Anæsthetics on the Brain and Nervous System.

IN a lecture of Dr. Richardson upon the influence exerted by anæsthetics on the brain and nervous system, he says: The obvious fact that the motion of the heart and the movements of respiration continue in action while the rest of the body is under the narcotic effect, during anæsthesia, proves that the whole nervous system is not involved, and that the

involuntary and semi-voluntary muscular mechanism is also not involved, except when extreme and fatal symptoms are developed. What parts, then, are influenced by an anæsthetic? The idea was almost intuitive that the brain was the organ affected, and that the centres of consciousness are those chiefly held in abeyance. But, to prove this as true, experiment was necessary. In proof, the lecturer took a large pigeon, narcotized it with chloroform, and in this state passed through its body, from the head to the foot, a rapid intermittent induction current. The bird instantly rose from the table, extended its wings, opened its eyes, and seemed as if restored; the current was then stopped, and the bird was shown to be as deeply asleep and as powerless as before. Another bird was put to sleep by freezing the brain, and when utterly insensible was subjected to the electrical shock in the same way, when it flew from the table into the room, where, breaking its connection with the battery, it dropped on the floor comatose, motionless, and as anæsthetized as before, in which condition it remained for many minutes. The lecturer in these experiments demonstrated that the anæsthetic action was localized in the cerebrum. His battery was like an outer brain, which supplied power without intelligence, and which, by the effects of its current, showed that all the muscular elements were ready for work, and only awaited the order from the brain. The lecturer next discussed the question—What, during the process of anæsthesia, leads to this change in the brain? Is there a chemical action on albumen? Is there pressure on brain matter? Is there deficient oxidation of the blood? Is there contraction of blood vessels, and diminished supply of blood from that cause? All these hypotheses were experimentally tested and negatived. It was admitted that during extreme anæsthesia there is reduced oxidation and a singular reduction of temperature. These changes are inevitable, because the anæsthetic vapors replace oxygen during their diffusion into the blood; but the diminished oxidation is not the cause of the insensibility. In proof of this Dr. Richardson showed an animal breathing an air in which the oxygen was reduced by addition of nitrogen from 21 parts to 9 parts in the 100, side by side with another similar animal breathing an air in which the oxygen was reduced by the addition of vapor of bichloride of methylene only to about 20 parts in the 100, viz., 4 cubic inches in 500. The result was, that the animal in the extremely reduced atmosphere was quite unaffected, while the animal in the slightly reduced atmosphere was in

the deepest narcotism. Then a correcting experimental test was adopted, and the bichloride was administered in an atmosphere containing an excess of oxygen, the oxygen being present in double its ordinary or natural proportion; the excess of oxygen exerted no perceptible obstacle to the anæsthesia.

To determine whether there was contraction of blood vessels under anæsthetics, the lecturer had had recourse to transparent small trout; through their bodies with the microscope and the inch lens, the blood-vessels could be seen, and the corpuscles flowing through them. These animals can be narcotized readily by making them breathe water saturated with chloride of methylene or ether. In the narcotized condition, the vessels do not contract, but under the influence of ether, in the later stages, before death occurs, dilation and regurgitation are observed. The latter is noticed also when chloride of methylene is used. With both reagents breathing and vessel circulation cease before the heart's action. The lecturer concluded that anæsthetic vapors act directly upon nerve matter, either by preventing the development of force or by stopping conduction. The latter hypothesis is supported by the fact, proved by experiment, that these vapors obstruct the conduction of heat and electricity.—*Med. Times and Gazette.*

Use of the Spray-Producer in Syphilitic Ulceration of the Throat, under the care of Dr. MURCHISON.

By means of this little instrument a fine spray of sulphurous acid was showered over the tonsils and palate of a man who was suffering much distress from syphilitic ulceration of the throat. The improvement which took place was very rapid. The smell and bad taste, which had been a great source of annoyance, ceased immediately, and the unhealthy aspect of the sores gave place quickly to signs of healing. The man expressed himself very strongly as to the marked relief which the sulphurous acid, thus administered, had given him, and on looking into his mouth, some days after the application, we found the throat all but healed. The spray, he told us in reply to a question, produced no smarting.

The patient is a terrible example of constitutional syphilis. Three years ago, having previously always been a strong and perfectly healthy man, he contracted a chancre. He placed himself under the treatment of a medical man, who gave him

a great many pills, which had the effect of salivating him so profusely that he lost several teeth. While still salivated, he says that eruptions came out about his arms and legs, and his throat began to get sore, and has been ulcerated at intervals ever since. Eight months ago certain of his bones began to enlarge, and now he presents, among other signs, great swelling of both insteps, and especially of that of the right foot, where also there is a large ulcer. His aspect is very cachectic. He says that his father and mother suffered very much from rheumatism.—*The Lancet*.

Lancing the Gums in Childhood.—By F. H. THOMSON, M.D.

FROM time immemorial it has been the habit among practitioners of every class to assist the irruption, as is supposed, of teeth in children, by cutting down upon these organs. Of late years, however, a much more reasonable and rational practice has been followed. By cutting down upon the tooth you simply relieve, to a small extent, the tightened integuments, from which all circulation has been expelled. The cut of course heals up immediately, leaving a hard eschar, which complicates the symptoms and makes it more difficult for the tooth to make its way through.

The irritation arising in children during teething does not so much take place from the above pressure as from the engorgement of the vessels supplying their circulation, and which are in a great state of activity at these times. A sure mode of relief is to open these vessels, which will be found in all such cases much engorged. They should be cut low down at the reflected junction, between the lip and the gum; instantaneous relief follows, even in the case of convulsion fits.—*Glasgow Medical Journal*.

On the Diagnosis of Tumors of the Breast.—By THOMAS BRYANT, Esq., F.R.C.S., Assistant Surgeon, Guy's Hospital.

THE principal points by which the diagnosis of a case of tumor of the breast is to be determined were carefully gone over by Mr. Bryant in two clinical lectures at Guy's Hospital. The majority of the difficulties generally experienced in the diagnosis of such cases, Mr. Bryant said, will be found to vanish by making a systematic use of our eyes, our ears, and

hands, in the investigation of the subject. In certain cases, it is true, difficulties may be experienced, but, in the majority, a fair degree of certainty is to be attained by the adoption of such a systematic mode of investigation as he explained and illustrated.

By way of a general summary of the whole subject, the following conclusions may be drawn up, contrasting the cancerous with the innocent affection.

1. *Cancer* generally attacks patients during the functional decline of the mammary gland—that is, after forty years of age; but *innocent* affections, as a rule, occur during the functional activity of the gland's life.

2. A *cancer* in the breast of a single woman is generally observed at an earlier age than in that of a married woman, the functional activity of the gland lasting longer in the latter case.

3. *Cancer* always infiltrates the gland, wholly or in part; but simple tumors, as a rule, seldom involve it to any great extent, with the exception of the true cystic disease.

4. *Cancer* generally affects the breast in a single centre, and from that rapidly develops. Innocent growths, cystic or otherwise, often appear as multiple tumors in connection with one or both breasts.

5. *Cancer* generally runs its course within a period of three years; but *innocent* tumors may be developing for many years without causing much distress, affecting the patient only from local causes.

6. *Cancer* does not exist for any lengthened period without involving the skin by infiltration or ulceration; but in *simple tumors* of the breast the skin remains uninvolved to a late period of the disease—until, indeed, it is ruptured by over-distension.

7. *Cancerous tumors* soon become more or less fixed to the parts beneath, and immovable; but *simple tumors* are, with rare exceptions, movable throughout the whole period of their existence.

8. In *cancers*, the axillary absorbent glands become indurated at an early period of the disease; in *innocent tumors* they are rarely affected.

9. Neuralgic pains down the side and arm are common in *cancer*; in innocent affections they are rarely present.

10. Retraction of the nipple is found in both simple and malignant diseases of the breast, and consequently is of slight diagnostic value.

11. A discharge from the nipple exists in all affections of

the true breast-gland. In *cancer*, it is sanguineous and scanty; in *true cystic disease* it is viscid and abundant, and can be readily increased by pressure on the cysts; in *inflammatory* it is watery or purulent.

12. In cases of tumor of the breast, when the skin has ruptured or become ulcerated, the margin of the opening or sore reveals the character of the disease; in *simple* cases, presenting the appearance of being ruptured, cut out, or punched; whilst in *cancerous* diseases there is no such distinct margin, the edges of the wound appearing thickened, indurated and everted.—*British Medical Journal*.

The Wrongs of Female Doctors.

The line which we have taken with regard to the study of medicine by women has been uniform, and, as we think, consistent with common sense. In the first place, we have always said that until women are well provided for by men, and so long as they are compelled to earn their own living, men have no right to debar them from any employment which they may think fit to pursue. With regard to medicine, we do not advise them to attempt it, and we think them unfitted for it as a body. A very few may have the requisite capacity and endurance; but these must sacrifice more than they can ever gain by their devotion to studies the most repulsive and unwomanly, and by a practice which is inconsistent with marriage and ordinary family duties. Still, if women choose to follow medicine, let them; it is their business, and not ours. But, for the sake of common decency, let them have schools and examinations of their own. We can assure the outer public that medical students, though compelled to study and discuss every natural structure and function without reserve in their schools, yet would hesitate to do so before their sisters; and it is as unfair and indecent toward young men, to allow young women to intrude into their dissecting-rooms, as it would be for young men to haunt a milliner's workroom. If strong-minded women desire to study physic, a very little exertion on the part of their philosophical friends would procure for them a hospital and school and examination board of their own. But the present buildings, institutions, and studies are adapted to one sex only.

Women, we always confess, get the worst of everything in this world. Their bodily frames are prone to sufferings

from which men are exempt, and in the joint duty of propagating the race, that painful and dangerous share which falls to woman's lot, is only rendered endurable by instincts which place her whole happiness in the welfare of husband and children. Girls are worse fed, worse groomed, aired, and exercised than boys, and worse taught. While the boys romp in the open air and eat juicy mutton, girls too often are shut up in frowsy schoolrooms, forced to dawdle instead of taking wholesome exercise, and often, even in pretentious families, have greasy and indigestible scraps for dinner which ought to be thrown out of the window, minced mutton to wit, or cold drumsticks of chicken, or any odds or ends saved from their parents' dinner of yesterday, with absolutely no fresh vegetables.

We think it of the highest possible importance that female education should be put upon as sound a basis as that of boys, and that instead of the scraps of ornamental knowledge at present served out to them, girls should have a solid training in Latin, arithmetic, and French. Then we should have women able to fulfil that most natural and pleasing task, the education of their own and of other persons' children. It is perfectly absurd to say that there is a lack of occupation for women. Let any man of sense advertise for a governess and offer the most liberal salary, and what kind of persons are found to answer the call? Daughters of gentlemen or of professional or tradesmen, possessing (as they say) "French, music, drawing, and all the elements of a sound English education." Then ask one of these poor creatures to read a page of Montaigne, to tell the construction of half a dozen chords, to sketch a teapot accurately, to add together any two fractions, decimal or vulgar, and how do they stand the test? We do not blame them, poor creatures; they have never been educated enough to feel their own ignorance; but there they stand, unable to do more than put on others the thin varnish of "accomplishments" which themselves possess. Common sense endorses the words of St. Paul, "Let the younger women marry, bear children, manage the house;" and for this a more substantial education would fit them; and, with full occupation of a kind fitted to their sex and strength, we should have fewer aspirants to the pleasure of opening dead bodies and inbruing their fingers in the stinking gore of the dissecting-room.

We have seen, in the *Daily News* of March 6, a charge against some medical journal of endeavoring to induce the medical profession not to meet in consultation some one of

the lecturers of the Female Medical College. It is unnecessary to remind our readers that no such bit of trades-unionism ever appeared in our columns.—*Med. Times and Gazette.*

The Stomach and the Mind.

Much of our conduct depends, no doubt, upon the character of the food we eat. Perhaps, indeed, the nature of our meals governs the nature of our impulses more than we are inclined to admit, because none of us relish well the abandonment of our idea of free agency. Bonaparte used to attribute the loss of one of his battles to a poor dinner, which, at the time, disturbed his digestion; how many of our misjudgments—how many of our deliberate errors—how many of our unkindnesses, our cruelties, our acts of thoughtlessness and recklessness—may be actually owing to a cause of the same character? We eat something that deranges the condition of the system. Through the stomachic nerve that derangement immediately affects the brain. Moroseness succeeds amiability; and under its influence we do that which would shock our sensibility at any other moment. Or perhaps, a gastric irregularity is the common result of an over-indulgence in wholesome food, or a moderate indulgence in unsuitable food. The liver is afflicted. In this affliction the brain profoundly sympathizes. The temper is soured; the understanding is narrowed; prejudices are strengthened; generous impulses are subdued; selfishness, originated by physical disturbances which perpetually distract the mind's attention, becomes a chronic mental disorder; the feeling of charity dies out; we live for ourselves alone; we have no care for others. And all this change of nature is the consequence of an injudicious diet.—*Boston Journal of Chemistry.*

Gelseminum.

Dr. J. C. SMITH calls attention to the use of gelseminum in epilepsy, and mentions the case of a patient afflicted with violent convulsions, chiefly at night, in which this agent was employed with benefit. The patient had mild spasms in the course of the day, which were completely controlled by this article, and also, while under its influence, he was troubled with no nocturnal convulsions.

Dr. W. M. Smith alludes to the case of a lady troubled

with spasms consequent on uterine cancer, where the modifying influence of gelseminum was evidenced in a high degree.

"Dr. J. V. Cobb, of Rome, had resorted to its use in puerperal convulsions and hæmorrhage from the lungs. The dry preparation of Tilden he preferred to any tincture known to the profession. He had been much satisfied with the effect produced."—*Jour. of Materia Med.*

Medical Bill Passed in Ohio.

"A bill to protect the citizens of Ohio from empiricism and elevate the standing of the medical profession.

"Section 1. Be it enacted by the General Assembly of the State of Ohio, That it shall be unlawful for any person within the limits of said State, who has not attended two full courses of instruction and graduated at some school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some State or County Medical Society, and is not a person of good moral character, to practice medicine in any of its departments, for reward or compensation, or attempt to practice medicine, or prescribe medicine or medicines for reward or compensation, for any sick person within the State of Ohio, provided, that in all cases, when any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, they shall be allowed two years in which to comply with such provisions.

"Sec. 2. Any person living in the State of Ohio, or any person coming into said State, who shall practice medicine, or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of said State, in violation of Section 1 of this act, shall, upon conviction thereof, be fined not less than fifty nor more than one hundred dollars for such offence, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the County jail of the County in which said offence shall have been committed, for the term of thirty days, and in no case wherein this act shall have been violated, shall any person so violating receive a compensation for services render-

ed; provided that nothing herein contained shall in any way be construed to apply to any person practising dentistry.

"Sec. 3. This act shall take effect and be in force on and after 1st of October, 1868."

EDITORIAL.

The New Volume.

THIS number commences the third year of the existence of the REVIEW, and this fact naturally suggests a few reflections. In all great progressive movements it is sometimes profitable as well as interesting to review the steps that have been taken, and consider what has already been achieved. If we have surpassed or even equalled our expectations—if the difficulties which opposed our progress have been met and overcome, such retrospects are not only pleasurable, but they imbue us with renewed confidence for the future, and stimulate us to still further exertions in the same honorable course. An examination of what Eclecticism has accomplished in the last few years is peculiarly rich in all of these elements of confidence and incentives to still further effort.

It has now been two years since we commenced the publication of the Review. Since that time we have had, in every direction, the most abundant and gratifying evidences of the development and extension of our cause. The Eclectic medical profession, besides being strengthened by the addition of many valuable accessions to its ranks, has been united in closer bond of fellowship, a new interest has been aroused among its practitioners, and they have made themselves felt as an organized and influential power in the community. Besides the impress which Eclecticism has made upon the people—evinced by the higher respect in which its practitioners are held, and the more extended patronage and favor they receive—our Legislative bodies have begun to recognize its influence and importance, and also the fact that its claims to official aid and protection cannot be ignored or set aside in favor of other and competing systems. In addition to the remarkable advancement which the Eclectic medical profession has made in public appreciation and regard, they have been industriously and effectively engaged in cultivating the field of medical and surgical science. Although they may not have

astonished the medical world by any brilliant discoveries or startling theories, yet in their valuable contributions to our therapeutic resources, in the silent though wide-spread influence they have exerted in modifying and improving the practice of medicine, it must be allowed that their work has been a substantial and beneficent one.

The *real* value of all pretended discoveries and improvements in medicine can only be estimated by the additional means they afford of alleviating and curing disease. Measured by this standard of practical utility, many of the so-called brilliant discoveries of other schools will be found wanting. The investigations which are being made by the more enlightened members of other schools into the merits of the distinctive Eclectic Remedies, the appropriation and substitution of these remedies in the place of the pernicious agents hitherto deemed indispensable, and the more humane and rational ideas and practice that are beginning to prevail, all attest a noble work not only in the cultivation of medical science but also in the interests of humanity.

Evidences of advancement and growth will also be found in the more efficient organization and greater working capacity of our State Medical Societies. The scattered elements of medical Eclecticism have been united into compact and active organizations. Within the last three years we have witnessed the formation of State Medical Societies in Maine, Vermont, Connecticut and Indiana. These organizations have since been perfected and strengthened by the addition of many new members. Efficient measures have already been inaugurated which will result at an early day in the organization of similar associations in Pennsylvania, Illinois, Iowa, and some other States. All of our societies have steadily increased in numbers, respectability, and influence. As an illustration of their rapid growth and prosperity the Eclectic Medical Society of this city may be instanced. Two years ago it had but ten members. The meetings were held at irregular intervals, and but little interest was manifested in its proceedings. To-day its membership is four times as large, and the papers presented and discussions engaged in, are of a nature calculated both to interest and instruct. In this connection we would offer a suggestion as to how the usefulness and practical value of our societies might be largely increased. At a recent meeting of this society it was decided to devote a portion of every evening to the consideration of the Concentrated Medicines, taken up in alphabetical order, each member detailing the result of his individ-

ual experience in the use of these agents, with a view of determining with more precision the whole range of their medicinal properties. We regard this as a measure of considerable importance, and would urge an imitation of the example upon other societies. It is important not only as affecting the individual interests of the practitioner, as all such discussions and interchanges of opinion in regard to the action of these remedies cannot fail to develop much valuable therapeutic information, but it is also important in its bearings upon the interests of the school of medicine which we represent. Our system has been brought somewhat into disrepute by the worthless character of certain agents which are offered with much pretension as Eclectic remedies. As far as we are aware, no systematic and general effort has been made by our physicians to subject them to a thorough test and thus be enabled to discriminate the good from bad, and determine what manufacturer's preparations are the most reliable. We would urge such a concerted action on the part of the Eclectic medical profession, and offer the pages of the Eclectic Medical Review as a medium for the interchange of views and observations in regard to the results.

The Eclectic Medical College and Dispensary, which have been established in the face of much opposition, and sustained against many adverse influences, are now both in an effective and prosperous condition. The Eclectic Medical College of the City of New York, with its yearly outpouring of educated physicians to diffuse through the land the principles of a liberal system of medicine, cannot fail to prove a powerful instrument in the advancement of our cause. We have thus briefly and hastily sketched some of the results which have been accomplished. There is an arduous task yet before us, and we wish every Eclectic physician to feel that he has a personal interest in the matter, and with an intelligent appreciation of the conditions of success to join his influence and effort in furthering the good work.

State Laws for the Regulation of the Practice of Medicine.

ON page 37 will be found a copy of a law upon this subject, recently passed by the legislature of the State of Ohio. It will be seen from its provisions that it is liberal and just. It does not force the practitioner to be examined by a Medical Board composed exclusively of men differing from him in practice. He is required to be a graduate of a chartered Medical College or a licentiate of a

State or County Medical Society, or to have been in practice with previous reading a certain term of years. Now, if the different Schools of Practice in Ohio, or any other State which may adopt a similar law—and we think all should do so—will coöperate and carry out these provisions, the profession itself cannot fail to be benefitted, and just in proportion to the elevation of the standard of medical acquirements with experience and observation of the practitioner, so will the safety and security of human life be increased. The Eclectic, the homœopathic, and the allopathic branches of the profession each have their chartered medical colleges and their chartered State medical societies, all of which are recognized by law; and they should be held responsible to the community for any want of proper qualification on the part of the individual practitioners of their respective schools. This can only be done by convincing every practitioner of the absolute necessity of a thorough medical education, by attending the lectures of a medical college, or their connection and coöperation with a medical society. There should be a Board of Examiners in each State, under the direction of these societies, for the examination of the members of their individual branch of the profession. While we are opposed to all proscriptive and tyrannical rules or laws which in any way restrict the just rights of men, we are equally opposed to any man practising medicine who is not properly qualified; nor ought any conscientious man object to producing satisfactory evidence of such qualification. This can only be known by adopting the above measures. While we have always opposed the old school in their attempts to have the different State legislatures pass laws that would give them the entire control of the medical profession, and exclude all who did not practice according to their views, we are decidedly in favor of a passage of a law by each and every State, that will compel a proper qualification, to be regulated by the individual schools of practice.

The Eclectic Medical Dispensary and Testing of the Concentrated Preparations.

DURING the past year many thousands of persons have been prescribed for, and received the benefit of the best medical advice and medicine, free of charge, at the above institution. Quite a number of the cases have been reported in the Review, constituting an interesting and useful department, and arrangements were made in Janu-

ary, 1868, which, we feel assured, have increased its practical value. At that time the medical department was placed under the immediate control of Drs. Hart and Day, who have kept the records and made monthly reports through this journal. Dr. Day and his new associate will continue to give the requisite time and attention to this matter, as opportunity will thus be afforded of testing fully the reliability and therapeutic virtues of the various vegetable preparations, and their relative efficacy in the form of alcoholic fluid extracts, concentrated tinctures, powders, &c. Every intelligent physician recognizes the urgent necessity of a more rigid testing of the various Eclectic remedies, and we feel confident that an effort in this direction will meet the hearty sanction of the entire profession.

Especially is there need of a more thorough investigation of the concentrated powders, with the view of determining which can be procured in powder without being *triturations*, as reliable representatives of the active proximate principles of the various plants. In this way, only, can uniformity be maintained, and the physician know how much of the inert agent he is administering with each dose. It is claimed that, in the form of alcoholic fluid extracts, the various active principles of plants can be obtained as *educts*, while many of the powders must be *products*, a change in chemical composition necessarily arising from oxidation or otherwise during the process of manufacture. Such change, however, does not of necessity destroy their activity, but on theoretical grounds, may modify the action of the concentrated powders and render their therapeutical effects somewhat different from the crude material from which derived.

We wish to see this matter stripped of all the secrecy heretofore thrown around these preparations, and standard formulæ for their manufacture published and conformed to by our manufacturers. It is only by applying the test of actual experiment that the therapeutic virtues of the remedies can be definitely determined, and the relative merits of the different processes of manufacture can be compared and decided upon. The results of the investigations in the Dispensary practice will be given from time to time through the pages of this journal. We cannot too highly commend such an undertaking, and hope that all physicians will encourage these labors by cheerfully giving the benefit of their individual experience, when sought, and such material aid as will sustain the enterprise. The work is a great one, and will require much time and patient investigation to complete it thoroughly, but it is a step in the right direction, and is the

only means by which a reliable pharmacopœia for concentrated preparations can be procured.

We hope that other manufacturers will be induced to take hold of the matter, and that competent pharmaceutical chemists, by their united efforts, will speedily give us a system of standard uniform preparations. It is time that all secrecy be removed, and that the physician be informed as to how his concentrated medicines are compared, and what their standard strength.

Eclectic Medical College of the City of New York.

The Fall and Winter Session of 1868-69 will commence on the 19th of October, 1868.

Fees for a full course, \$100 exclusive of Matriculation and Graduation fees. Scholarships are now issued for \$150, payable in advance, which entitles the student to attend as many courses of Lectures as he desires in this institution. Our students enjoy all the hospital facilities the city affords. We call the attention of the Medical Profession to the superior advantages that this School affords, and invite them to use their influence in sending students.

To Subscribers.

As there seems to be among some of our subscribers a misunderstanding in regard to the notices of SUBSCRIPTION DUE, sent them in the *last number*, we will state that many of them have reference to the *coming year*; they are *due*, because payment in *advance* is expected.

Subscribers who are in arrears for the past year, will please remit their dues at once. Those who do not wish the REVIEW continued, will greatly oblige us by returning the present number.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

A MANUAL OF THE DISSECTION OF THE HUMAN BODY. By LUTHER HOLDEN, F.R.C.S., Lecturer on Anatomy at St. Bartholomew's Hospital, London. With Notes and Additions, by ERSKINE MASON, M.D., Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Illustrated with numerous wood engravings. New York: Robert M. De Witt. 1868. pp. 588.

AN aspirant for professional favor in the shape of a work on Anatomy can, as a matter of course, lay no claims to distinction and

preference on the grounds of originality. Anatomy is a fixed and exact science, and such claims must be based on some abler method of treating the subject, or on some peculiarly happy arrangement by which its study is facilitated. For the practical wants of the student we regard the work before us as superior in some respects to other text-books on anatomy. It possesses over larger works, as Gray's, the advantages which every regional study of anatomy must possess over a purely systematic one. Every student engaged in dissecting cannot fail to observe the convenience and decided advantage which such a plan affords. It is much easier to learn anatomy where the various structures, such as muscles, vessels, nerves, etc., are described as they present themselves in each region upon examination, than where the parts are considered by systems and in groups. Their relations are better understood, and their importance in a surgical point of view more forcibly impressed upon the mind.

A majority of students entirely lose sight of the grand primary object had in view in the study of anatomy. It is not simply to know that certain structures exist—that a certain region contains certain muscles, vessels, and nerves, but the important point is to know the position and the relations which these various structures bear to each other. It is this last species of knowledge which, alone, will prove of practical value when surgical interference is required. We have often thought that Gray's Anatomy was not only unsuitable but positively injurious to the student in the dissecting-room. The *only way* in which anatomy can be thoroughly learned is by dissecting, and the student having before him such fine life-like illustrations is too apt to neglect the distasteful and repulsive training of the dissecting-room for the more agreeable but less efficient examination of the plates. Such anatomical facts learned without effort or the aid of the scalpel, leave no permanent impression upon the mind; but when a student studies the relations of the different structures with the parts exposed before him, such facts are indelibly fixed in the mind, and ever afterwards bear the impress of a reality.

Apart from the general advantages which are common to all works where anatomy is treated regionally instead of systematically, Dr. Holden's work possesses certain special excellencies which entitle it to favor. The language is plain and simple, and the descriptions exceedingly clear and concise.

The additions made by the American editor have reference chiefly to the anomalies of the vessels and muscles with which the student should be acquainted, together with the weight and measurement of organs.

Dr. Barclay's classification of the muscles, according to their uses and the grouping of the vessels and nerves, as given by Ellis in his *Demonstrations on Anatomy*, which are appended to the work, add materially to its completeness and practical value.

The illustrations, 134 in number, are most excellent and true to nature. The typography and general finish of the work is in the usually excellent style of the publishers.

NEWS AND MISCELLANY.

BIOGRAPHICAL SKETCH OF PROF. CHARLES T. HART, M.D.

It will be remembered that a brief announcement of the death of Prof. Charles T. Hart, M.D., occupying the Chair of Physiology in the Eclectic Medical College of the City of New York, which thus became vacant, appeared in our last number, also a promise of a biographical sketch of the deceased, which we now proceed to fulfil. Prof. Hart was a native of Georgia, having been born at Sunbury, in that State, August 1, 1835, and was therefore in his thirty-third year at the time of his decease. His parents were highly educated and of the first respectability; his father having served in the State Senate four years. His mother was of the Stevens family of that State. Young Hart being near the ocean, had a strong inclination for a seafaring life, which, in deference to the wishes of his parents, he cheerfully relinquished and entered the Georgia University, and was graduated with honor. In 1837, having determined to follow the practice of medicine, he entered the Eclectic Medical Institute of Cincinnati, from whence, after passing through a thorough and complete course of instruction, he was graduated with the highest honors, and was the valedictorian of his class. On leaving Cincinnati he commenced the practice of medicine in Missouri. He was, however, soon recalled by his Alma Mater, and was appointed Professor of Physiology and Medical Jurisprudence, where he remained until 1861. During this period he assisted Dr. R. S. Newton in editing the Eclectic Medical Journal. He occupied a position as Surgeon in the Confederate Army during the late civil war. After the close of the war he settled near Red River, Arkansas, where his health, which had been undermined by his exposure and services, became more seriously affected by the miasmatic air, and he returned to Georgia. In 1867 he received an invitation from the Board of Trustees of the Eclectic Medical College of the City of New York to take the Chair of Physiology.

As a lecturer and writer, Professor Hart was remarkable for thoroughness and precision of statement. His knowledge was always comprehensive and exact; his mind was peculiarly adapted for scientific inquiry and observation and the practical adaptation of fact to theory. Had he lived he would undoubtedly have occupied the highest position in the school of medicine to which he belonged, and would have made a world-wide reputation. He was a man above all subterfuge and incapable of playing a double part. His conscience was sensitive to a remarkable degree in all the relations of life, but especially so in his professional relations as affecting his associates and the sick. A strong practical evidence of this peculiarity was manifested in the fact that he invested all his means and effort in establishing the Empire Chemical Laboratory, for the purpose of preparing absolutely pure and the most perfect possible Eclectic

remedies. The institution will be continued by his associate Dr. Day. Dr. Hart was married in 1860. His wife, with an only daughter, survive him. In his early death the Eclectic Medical College of the City of New York suffers an almost irreparable loss, while the school of medicine, to which he belonged, will feel that one of its most influential and useful members has been taken from them.

Resolutions of condolence and regret have been passed and others are to be, which will appear in the Review, and fully confirm all that we, his friend and associate for many years, have here written of a good and true man, too early called from his labors on earth. Cut down in the early maturity of his manhood, may his memory be cherished as the fragrance of early spring flowers.

ACTION OF IODIDE OF POTASSIUM INCREASED BY AMMONIA.—It is said that the action of iodide of potassium is increased and rendered more valuable when combined with ammonia, stimulating the stomach, diffusing the blood, and with it the medicine through the system, and by chemical decomposition liberating the free iodine, and thus sending it on its salutary message.

LACTATE OF ZINC IN EPILEPSY.—Dr. Hart has tried this remedy in combination with belladonna, on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from 24 to 48 hours. His formula was: \mathcal{R} Zinci lactatis, gr. xxx. Ext. Belladonnæ, gr. viii. M. ft. pil. x. Sig. One before each meal.

TREATMENT OF HERPES ZOSTER.—Dr. Jos. Konrad, in the *Wiener Medicinische Presse*, advises painting twice or thrice a day with colloidion, and administering an opiate at night. By this simple means he completely cured fifteen cases—all he treated—in four to six days.

PEROXIDE OF HYDROGEN AS A REMEDY IN DIABETES.—Dr. John Day records a case of diabetes which had resisted all ordinary treatment for three years, and which is now rapidly yielding under the influence of the ethereal solution of the peroxide of hydrogen, given in half-drachm doses mixed in an ounce of distilled water, three times a day.

BDELLATOMY.—A curious practice lately introduced in Germany is the cutting of the leech so that the blood will flow out of his body as fast as he sucks it from the patient. An ounce, or even two ounces, may be drawn in this way by a single leech. The spring lancet is preferred, though a thumb lancet will answer. The incision is made in the side, the left side being preferable, and at the time when the leech

has nearly filled himself, and just before he is ready to stop sucking. The wound is kept free from coagulated blood by a warm sponge, or even by injecting warm water into the wound. If from rough handling the leech falls off, it takes hold again without difficulty. The process has been named *Bdellatomy* (*bdella*, a leech). At first sight it looks like taking an unfair advantage of the animal, if not treating him cruelly. But it is probably just the reverse, as it affords him an opportunity to feast longer on his rich beverage, without giving any noticeable pain. If carefully kept in clean water the same leech may be repeatedly applied, and incised at intervals of days or weeks.—*Pacific Med. and Surg. Journal*.

CHLORODYNE.—Dr. W. W. Ely (*New York Medical Record*) offers a formula which he considers preferable to any other, and similar to the original in pungency, color, density and other properties.—Heat molasses in a water bath and skim it till it is cleared. Mix with it half as much officinal mucilage of acacia. This forms the constituent. Dissolve 32 grains sul. morph. in 6 drachms of water, by heat, and add 32 grains powd. ext. liquorice and four fluid drachms ether sulph. conc. Then add one ounce chloroform with a portion of the constituent and shake the mixture, adding enough of the constituent to make four fluid ounces. Twenty drops of this contain one-sixth grain of morphia, ten drops chloroform and five ether. Dr. Ely says the formula given in Aitken's Practice is not a good one, as the ingredients separate on standing.—*Pacific Med. and Surg. Journal*.

RESTORATION AFTER CHLOROFORM.—In a paper read before the British Association, Dr. Richardson stated that the best method to restore a patient about to die from chloroform, was to introduce into the lungs by means of artificial respiration, air heated to 130° F. A bellows connected with a thin coiled tube of platinum, which could be raised to the necessary temperature by a spirit lamp, is the apparatus suggested. The air need only be forced through one nostril.—*Amer. Jour. Dental Science*.

FREQUENT VENESECTIONS.—In the Carmelite Convent of Mataro, Italy, there died, a short time ago, a nun, at the advanced age of 87, who had taken the veil seventy-two years before. She had been a great martyr to rheumatism, and had, for attacks of this complaint, been bled 317 times.—*Tribune Médicale*.

A CURE FOR WHOOPING COUGH.—A CORRESPONDENT writes: "The late discovery of a cure for whooping-cough, by inhaling the odors of a gas-house, is found to be of real benefit. It has been tried by some Hartford (Ct.) physicians, and it is said with success. The children are taken to the gas-works, where they breathe the not very pleasant air there produced, and there is something in the chemical combination that cures whooping-cough. The people at the

gas-works state that during the last twelve months three hundred cases of whooping-cough have been thus experimented upon."

PRESERVATION OF ANATOMICAL SPECIMENS.—The *Chemical News* gives M. Von Vetter's process, as follows :—"Add to 7 parts of glycerin at 22° [72° Fahr.] 1 part of raw brown sugar and half a part of nitre, till a slight deposit is formed at the bottom of the vessel. The portion required to be preserved is then plunged in, dried or not dried, and it is left in the mixture for a time proportional to its dimensions; a hand, for example, should remain eight days in the liquid; when it is taken out it is as stiff as a piece of wood, but if it be suspended in a dry and warm place the muscles and articulations recover their suppleness."

DISINFECTANT PROPERTIES OF COFFEE.—It is not generally known that slightly roasted and ground coffee placed on a warm surface, such for instance as a fire-shovel, will neutralize vapors of ammonia and sulphuretted hydrogen.

STOMATITIS FROM FRICTIONS WITH CITRINE OINTMENT.—It is well known that citrine ointment contains about one-tenth of mercury to one of fatty matter; yet it was lately shown, says the *Journal des Connaiss. Méd. Chir.*, that three frictions with it can give rise to very severe salivation. This was the case with a lady, who, not fancying sulphur ointment for the removal of itch, rubbed in citrine ointment by the advice of a chemist. The gums swelled after the second friction, and the most distressing symptoms of stomatitis set in after the third. We would, however, remark that very probably the frictions were made over a large surface, and that much of the ointment must have been used.—*The Lancet*.

THE CASTOR BEAN IN CALIFORNIA.—The experiments made in California in cultivating the castor oil bean have resulted, on the whole, successfully:

The bean plant grows luxuriantly, and the yield is very great, surpassing, in those instances which came under our observation, that of any other oil seed save the sun-flower. But there is no way of gathering the crops known to our people, which dispenses with a large amount of hand labor. The seeds do not ripen simultaneously, but a few only at a time, ranging over a period of several weeks. If the seeds are not gathered as soon as ripe, the balls snap, the beans are scattered over the ground, and in that condition are hardly worth the cost of gathering. The making of castor oil will soon come to be a special business, and we may say that much more skill is required in the manufacture of merchantable castor oil, than is required in the production of any other of the vegetable oils. With a powerful press, the grinding process may be wholly dispensed with; but the bleaching and clarifying process requires considerable skill and some knowledge of chemistry.

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ORIGINAL COMMUNICATIONS.

Female Physicians and Old School Practitioners.

BY ALEXANDER WILDER, M.D.

THE vocation of medicine having been actually and successfully adopted by women in numbers sufficient to constitute them a formidable element, the different medical organizations are now agitated with efforts to secure for them a proper recognition at the hands of their professional brethren. The Eclectics wisely opened the doors and gave them a cordial greeting from the first; and from none of their schools in good standing have women been excluded.

The question of recognition has also been tried in homœopathic associations, but a small majority succeeded in "capping the volcano;" so that to this day reputable women who are engaged in the practice of homœopathic medicine, are compelled to follow their masculine compeers "afar off."

The old school, however, seem to have fought the battle of conservatism with greater intrepidity. In their journals they have discussed finically about the sphere of women, quoted the Apostle Paul, and indulged freely in ribaldry and vulgar innuendo.

To be sure, twenty years ago a woman made way into

one of their colleges, but they took especial pains that there should not be a second. Two or three medical colleges have been chartered for the refractory sex, but every professor attempting to instruct in them soon found himself losing caste ; and the students, when graduated, have been persistently refused all professional courtesies.*

Repeatedly in New Hampshire and Massachusetts, in Pennsylvania and Missouri, the subject of recognition of female physicians has been introduced by resolutions, which have been as regularly smothered or voted down.

More recently the matter was brought before the American Medical Association, which met in the city of Washington in the month of May. About six hundred were present, professors of colleges, editors of medical journals, and the picked men of the profession. On the first day of the session the Committee "on Medical Ethics on Consultation with Female Practitioners," made a not unfavorable report on the subject, concluding with the following resolution :

"*Resolved*, That in the opinion of this meeting every member of this body has a perfect right to consult with *any one* who presents the only presumptive evidence of professional abilities and acquirements—namely, a regular medical education."

Doctor John L. Atlee, of Lancaster, Pennsylvania, made a powerful speech in favor of the report, and demanded that the Association should recognize female practitioners. He cited the example of Europe, and said : "In other countries women have achieved the highest honors as medical practitioners ; and what can be honorably done in France and Germany can be done in the United States."

Doctor Cowdie, of Philadelphia, remarked that "if women would confine themselves in their own sphere in the order of Nature, they would confer more happiness than by the pursuit of medicine."

* In one chartered institution in this city, two or three professors, part old school and part homœopathists, refused to sign the diplomas after they had been awarded. Self-respect on the part of the Board of Trustees would require as many vacated professorships.

Perhaps he may be correct; but the same logic would apply with equal force to the great majority of masculine practitioners of medicine, as the annals of the profession abundantly show. The deathbeds of Presidents Washington, Harrison and Taylor, are evidences that the "*healing art*" might better have been called "*the destructive art.*" Hardly a female physician in America, or even an old woman dabbling in specifics, would have treated the cases so improperly or unsuccessfully.

The Association adopted the report of the committee; and so, by the authority of the highest old school tribunal in America, a male physician may act with a woman in consultation. The point of the wedge is now inserted, and the entire tree will yet be riven.

The next great struggle took place at Harrisburg in June last. The claims of the State Society of Pennsylvania appear to be more imposing than those of other organizations, as the following paragraph of self-laudation, in the *Philadelphia Press*, will abundantly show:

"This association, as regards practical benefit to the commonwealth, conferred by it, is not inferior to any in America, its action in organizing hospitals, and in fact in doing every thing which can tend to improve the practice of medicine and elevate it to a high-toned, honorable position, having been really wonderful. The members of the public have a very inadequate idea of their immense obligations to this society, and the pains which it has taken to guard their interest in every respect. They have been shielded by it from quackery in a country where those restraints known in Europe are inapplicable, and they have, without knowing it, been kept from overcharge and medicines of inferior quality to a degree which is literally incredible. Their proceedings are consequently of no little interest to all who closely watch our national progress."

It was eminently proper that the great battle should be fought in this field. The Sadducees of Bible times, and the men who procured the crucifixion of Jesus Christ, were not more conservative. Its practitioners accept no such construc-

tion of the code of medical ethics as would allow its members to consult with "any one having a regular medical education." They exclude from their fellowship every physician, not "a white male citizen." The innovation of female practitioners is kept at a wholesome distance, so that no wave of wind may bring near any aura of contagion to infect their professional nobility.

A large part of the population of the State of Pennsylvania consists of members of the Society of Friends. As everybody is aware, the Quakers have always held the tenet that women are equals of men, possessing a like moral and intellectual nature, and sustaining like responsibilities. These Quakers entertain no sentimental idea about the exalted and esthetic nature of women, that elevates them above the commonplace pursuits which happen to be lucrative, leaving them for their share in this world's business, only such matters as poetic contemplation, refined idleness, housekeeping, nursing, washing dirty clothes and fouler spittoons, and cheap labor by the week.

Every Quaker is familiar with the Bible, and can cite readily the example of Miriam, the prophetess, who was, conjointly with Moses, her brother, a leader of Israel; of Deborah, who was the judge or president of the twelve tribes, giving the land rest forty years; of Huldah, who counselled King Josiah; of the women of Galilee, who accompanied the great Teacher Jesus in his journeys, and sustained Him by their ministrations; of the four daughters of the Evangelist Philip, that prophesied; of Phœbe, the *diakonos*, or minister of the church at Cenchrea; of Priscilla, the fellow-laborer of Paul, besides others. All these had functions to discharge, somewhat incongruous with the sentiment which now exists in relation to the proper sphere of the female sex, and did not find their highest glory set forth in the second chapter of the Book of Esther, or in the Canticles of Solomon; but recognizing themselves to be human beings, they essayed to perform the labors which devolved upon them. The denomination of Friends, taking their authority from such examples, and believing in the voice of the Divine in each

heart, acknowledged the authority and obligation of women to take part in the ministry of religion.

It is not marvellous that the women themselves, in such a population, should assume the right to prosecute scientific and remunerative vocations. The establishment of a medical college, where instruction should be communicated to whomsoever of the sex chose to avail themselves of it, was a very natural step to be taken. It is also to be expected in such a community, that such a movement would be countenanced by the best men of the State. Such has been the case. The Female Medical College at Philadelphia, though not broad in its principles, being of the most strictest sect of the old school, has been sustained by the ablest and most generous thinking men in Pennsylvania; and they believe that its graduates are entitled to honorable acknowledgment among physicians.

On the 11th of June, Doctor Washington L. Atlee, of Philadelphia, introduced the following preamble and resolution :

"Whereas, The only disqualifications of a member of the medical profession, under our constitution, are irregular medical education, want of good moral and professional standing, and non-observance of the code of medical ethics; and

"Whereas, All laws regulating consultations, based on ethnological, physiological, and psychological distinctions, are against the spirit and letter of our constitution; therefore

"Resolved, That any former action of this society, making distinctions and disqualifications not recognized by our code of ethics, be and the same is hereby repealed."

The practical intended effect of the resolution was to admit to practice in the profession regularly-graduated female physicians. This resolution was discussed by Drs. Mowry, Nebinger, Corson, Stetler, Worthington, King, Horton, Haldeman, Mayburry, and Anawalt.

Doctor Mowry, of Allegheny County, declared that it was his great desire that this society might place herself right in the eyes of the community, and not be in the doubtful position which she seemed to occupy. By the constitution this society had adopted the Code of Ethics of the American

Medical Association. That was sufficient for every purpose, but it had been wrongly interpreted.

Doctor Nebinger, of Philadelphia, made the principal speech against the resolution. He criticised very severely the scientific character of the Female Medical College in that city, and denounced women who attempted to practise medicine as impious, and as arrayed against the decrees of God. He was not present, he said, "to declare that woman was not capable of practising medicine or of high mental culture; but he was here to declare that there was no necessity for dragging her into that position which was not the best for her. Was it necessary at this late hour to call in the aid of the female portion of the community? Were the diseases of the present day so difficult of treatment that the regular profession could not combat them? If so, he would vote for the resolution. But he did not believe it was so.

"The effort of the medical fraternity had always been to lift higher in dignity the profession which they served. Should they now take a step backward? He would not war with Deity; and yet, if he favored the proposition of the gentleman he should be so doing. The great God created man and woman with different physiological features. Did Deity intend that man should nurse babies? Certainly not. His physical organization was such as to prevent it. God determined that *she* should be the wife and the mother—the two highest offices that any living creature could perform. These two offices gave to woman her crowning dignity and glory. He would do nothing to tempt her, even with pieces of gold or professional position, to neglect her holy offices.

"Could she perform the duties of a physician and of a wife and mother consistently? No, she could not. We had no right to do anything to interfere with the decree of Almighty God that she should be the wife and mother. The whole issue was summed up in this: Are you *for* God or *against* God? Certainly they were for God. Then they were opposed to this resolution.

"If the Code of Ethics were so framed that they stood in array against the decrees of God he was against the Code of

Ethics. Jehovah was never wrong. He would not analyze the qualifications of female physicians turned out by the female colleges. That would, perhaps, be no argument, because their colleges were inferior. The college in Philadelphia had attracted much attention. Was it because it was a high, a pure, a noble institution? One of the professors in that institution was an advertising quack, a peddler of nostrums. One was a homœopathist; another a manufacturer and vender of nostrums. We were told they were not there now. But they had been there, and had certified—aye, absolutely certified—to the ability of their female graduates to practise medicine! He had no favors to grant to such an institution.

“Why had these professors been weeded out? Because the whole medical faculty of Philadelphia had published the fact that such professors were in the institution, and it became so odious as to induce the trustees to ask the professors to resign. He declared solemnly that this institution could not be compared with the male colleges of Philadelphia, any more than could a rush-light be compared with the sun. It was inferior in every respect.

“Pass this resolution, and the veriest quacks among them could compel physicians of standing to consult with them.

“He would not say nay to women who chose to practise medicine; he would have no legislation against them; but he *would* have legislation which should protect the legitimate profession from contamination; which should not encourage woman to desert her sphere; he would have her do something better. The matter had been discussed a year ago. It had been gone over thoroughly.”

Doctor J. G. Stetler, of Philadelphia, asked the distinguished mover of the resolution if he intended it to cover all classes? If so, then physicians would be obliged to consult with negroes, men and women.

Doctor Atlee replied that he was at all times ready to enter the sick room to alleviate suffering, whether he associated with negroes or not. He respected and loved all humanity. He knew of no objection to a consultation with negroes. Be-

sides, the question had just been agitated all over this free republic, and it had been enacted that there should be no distinction between classes in this country.

Doctor King, formerly Surgeon-General of Pennsylvania, also spoke in favor of the resolution. He declared that capability and courtesy and good character were all which the rules required, or ought to require. He wanted this question settled. It had been up for three years. He wanted it settled now, and settled on just and equitable grounds. If it was wrong for women to teach and practise medicine, let it be so declared. If woman must starve, if she must allow her children to starve, because she could not do all that men could do, let it be so declared ; but he should not declare it.

This sentiment discomfited the obsolete fogies of the society, who were greatly annoyed that so eminent a member of the society had declared in favor of the rightful equality of women. The liberal members, of course, applauded his remarks enthusiastically.

Doctor John L. Atlee, of Lancaster County, who had spoken in Washington in favor of female physicians, said that he had never heard a word against the Female Medical College at Philadelphia, as it is now constituted. He declared that there is nothing whatever in the Code of Ethics to prevent women or colored persons from practising medicine. At the recent national convention at Washington, a report had been made leaving the entire subject in the discretion of the profession. It was not deemed necessary to amend the Code of Ethics by making any distinction between the sexes. He thought the matter should be left with the physicians themselves. For his part, there were some physicians with diplomas in their pockets, with whom he would never consent to consult. Under the Code he held that he had a right to consult with female physicians, if he desired to do so, in a question of life and death. Simple liberty to consult with whom they pleased, under urgent circumstances, was all that the resolution claimed, and he thought it ought to pass.

Doctor G. W. Haldeman, of Cumberland, favored the resolution. It was absolutely necessary to place the fraternity in a just light before the community.

Doctor William Mayburry, of Philadelphia, said that the resolution of Doctor Atlee was too broad, embracing even homœopathic physicians. This Doctor Atlee denied, but Doctor Mayburry insisted. He said that this agitation had originated in 1858 in the County Medical Society of Philadelphia, when a resolution of inquiry in the subject was offered. Doctor Atlee, he asserted, was taking a position on this subject in defiance of the emphatically-expressed decision of that society. This is a fight between the fraternity and the Philadelphia Female College, and this resolution was intended to endorse that College. He did not believe that women were capable of, or designed for, the practice of medicine. This matter had been decided at Pittsburg, and should not be revived. If women were confined to certain departments of the practice of medicine, perhaps they should be of immense service; but to admit them to all departments would be detrimental to the true and honorable practice of medicine.

Doctor Anawalt, of Pittsburg, also opposed the resolution, and offered the following substitute:

“Resolved, That the National Code of Ethics is sufficient for the government of professional intercourse at present, and therefore more specific rules are unnecessary.”

Doctor Worthington, of Chester County, said that the resolution did not lay the members of the society under any particular obligation; but simply rescinded their former action and left the matter untrammelled. He had been satisfied with the Code of Ethics till the adoption of the explanatory resolution in 1860; and he was disposed to think that that resolution had been passed unconstitutionally. He was responsible to the society for his acts; but he regarded himself as under no obligations whatever not to consult with a lady physician. He was not bound to consult with a physician having a duly-certified diploma from the best college in the country, if he thought his qualifications were not suffi-

cient. Under this resolution he would be under no further obligations to female practitioners.

The vote was then taken. Doctor Anawalt's amendment was rejected, 35 to 37. The ayes and noes were then called on Doctor Atlee's resolution, and it was also defeated; ayes, 37; noes, 45. So the question is stifled a little while longer; but not for aye.

Life Assurance.

BY JOHN JAMIESON, M.D.

(Continued from our last No.)

PERHAPS one of the most remarkable examples of the value of general laws is to be found in Life Assurance; for what can be more precarious and uncertain than the duration of life in any individual? Yet in the aggregate mortality is so regular, that it has been said by an eminent mathematician, that there is no investment so certain as that of a prudently-conducted Assurance Society. If we take five thousand persons in the prime of life, six hundred die in the first ten years, seven hundred and fifty in the second ten years, and eight hundred and fifty in the third. Out of one million male births there will die in the first year of life 180,492; at the age of 13 there will die of the same number 5,742; in the same proportion of the same number there will die at 23, 15,074; at 34, 11,707; at 48, 14,870; at 58, 29,185; at 68, 61,741; at 78, 114,255; and at 84, 178,130. The first year, it will be perceived, carries off nearly one fifth of the million of births. This illustration applies to the male sex only. Of both sexes it is said there are three distinctly marked periods of human life, namely one from birth to 8 years, when the mortality decreases $32\frac{1}{2}$ per cent. annually; the second period from 12 to 55, when the rate of mortality increases 3 per cent. per annum; and thirdly, from 55 upward, when the mortality increases 8 per cent. Physiologists assign four divisions of human life:—the embryonic, terminating at birth; the immature, terminating at puberty (15), the repro-

ductive at 45, after which few mothers have children; and the sterile, terminating at 100 and upward. It is a curious fact that experience under different circumstances varies but little; but it has been lately ascertained that the duration of life, at all ages, has increased during the last century. Human life is improving; that is to say, more persons by far are enabled to live to old age now than did a century ago. The limits of human life may not be sensibly extended, but the heavy rate of mortality incident to infancy and childhood is astonishingly abridged, and a vastly greater proportion are brought up to a period where the capability of endurance defends and protects them. An increased power of resistance to destructive causes seems extended, also, to the decline of life, or old age. What a favorable commentary upon the progress of civilization, and the benevolent energies of the times in which our lot has been cast.

It would be interesting and profitable to trace the causes of this improvement of life. If, says one writer, we were called upon for the solution of the key to health and long life, our answer would be "sobriety of living:" which consists in moderate eating, drinking, and enjoyment of all the pleasures of life. In keeping the mind moderately and constantly employed; in cultivating the affections within reasonable limits; in avoiding extremes of heat and cold, and in shunning excessive excitement of either body or mind—a life of order, of rule, and of temperance. Not to eat so as to unfit the mind for moderate action—or so much as to make the body inactive. To have no extremes of living. To eat only plain and wholesome food, and never to allow the appetite to regulate the quantity of food—the appetite being in most cases the enemy of mankind. Temperance in eating is of as much if not more importance than temperance in drinking. Gluttony kills thousands daily—as Johnson truly remarked, "Many, too many, dig their graves with their teeth." Shakspeare makes Adam, the servant of Olivia, say:

"Though I look old yet I am strong and lusty,
For in my youth I never did apply

Hot and rebellious liquors to my blood;
Nor did I with unbashful forehead woo
The means of weakness and debility;
Therefore my age is as the lusty winter,
Frostily but kindly."

Moderation in every thing is of the utmost efficacy in prolonging life. By all extremes—good or bad—prolongation of life is impeded.

The best characteristics and photograph of a man destined to long life is given by the celebrated Hufeland :

He has a proper and well-proportioned stature, without, however, being too tall. He is rather of the middle size, and somewhat thick-set. His complexion is not too florid; at any rate too much ruddiness in youth is seldom a sign of longevity. His hair approaches rather to the fair than the black; his skin is strong, but not rough. His head is not too big; he has large veins at the extremities, and his shoulders are rather round than flat. His neck is not too long; his abdomen does not project; and his hands are large, but not too deeply cleft. His foot is rather thick than long; and his legs are firm and round. He has a broad arched chest; a strong voice, and the faculty of retaining his breath a long time without difficulty. In general, there is complete harmony in all his parts. His senses are good, but not too delicate; his pulse is slow and regular. His stomach is excellent, his appetite good, and his digestion easy. The joys of the table are to him of importance; they tune his mind to serenity, and his soul partakes in the pleasures which they communicate. He does not eat merely for the sake of eating; but each meal is an hour of daily festivity; a kind of delight, attended with this advantage, with regard to others, that it does not make him poorer, but richer. He eats slowly, and has not too much thirst. Too great thirst is always a sign of rapid self-consumption. In general, he is serene, loquacious, active, susceptible of joy, love, and hope; but insensible to the impressions of hatred, anger, and avarice. His passions never become too violent or destructive. If he ever gives way to anger, he experiences rather a useful glow of warmth, an artificial and gentle fever, without an overflowing of the bile. He is fond also of employment, particularly calm meditation and agreeable speculation; is an optimist, a friend to nature and domestic felicity; has no thirst

after honor or riches ; and banishes all thought of to-morrow.

Buffon basing his conclusions on physiological *data*, affirms that the total duration of life may be estimated, by that of the duration of an animal's growth. Man increases in height up to his sixteenth or eighteenth year, and yet the full development in size of all the parts of his body is not completed till the thirtieth year. The dog attains his full length in one year, and only in the second year completes its growth in bulk or size. Man, who takes thirty years to grow, lives ninety or a hundred years. The dog, which grows only two or three years, lives only ten or twelve ; and it is the same with most other animals. The duration of life in the horse, as in all other species of animals, is proportionate to the length of time during which it grows. Man who takes fourteen years to grow, may live six or seven times as long ; that is to say ninety or one hundred years. That is Buffon's theory ; but Flourens, a Frenchman, and to whom science is much indebted for his researches, goes further than Buffon, his theory of the completion of animal growth being based on the union of the bones to the epiphyses. "As long as this union does not take place the animal grows. As soon as the bones are united to the epiphyses the animal ceases to grow." And he adds :

	<i>Years.</i>		<i>Years.</i>
Man grows for	20	and lives	90 or 100.
The Camel	" 8	" "	40.
The Horse	" 5	" "	25.
The Ox	" 4	" "	15 to 20.
The Lion	" 4	" "	20.
The Dog	" 2	" "	10 or 12.
The Cat	" 1 $\frac{1}{2}$	" "	9 or 10.
The Hare	" 1	" "	8.
The Guinea pig	7 months		6 or 7.

According to his theory, man being twenty years growing lives five times twenty, that is to say one hundred years. The camel is eight years growing and lives five times eight, or forty years. The horse is five years growing, and he lives

five times five, that is to say twenty-five years; and so with the rest. We have then finally, according to Flourens, a precise characteristic which gives us accurately the duration of growth; the duration of growth gives us the duration of life. All the phenomena of life are united by the following chain of relations—the duration of life is given by the duration of growth; the duration of growth by the duration of gestation; the duration of gestation by height, &c. The larger the animal the longer the time of gestation. The gestation of the rabbit is thirty days; that of man is nine months; that of the elephant is nearly two years, &c. It is not long since we heard a gentleman connected with a Life Assurance Company in New York, lecture on health and longevity, and it may be interesting to give here as much as we can remember of what he said on that evening. Physiology, he said, had to deal with living objects, and by physiological examination into the natures of animals and plants, we would find that all objects endowed with life, were also endowed with a certain length of life. Each living thing is made up of particles which are continually changing, and though in an inanimate object this change produces dissolution, in a living object it is the essence of life. Each living thing has always its living antecedent, of which it is more or less a copy. The length of time a man has to live may be very nearly determined by the longevity of his ancestors. The circumstances and surroundings of life do not reach so great an influence as is generally supposed. Longevity is the great and essential thing. This different plants and animals have in different degree. The pear-tree is long-lived, while the quince is short, and the different species of apples have different lengths of life. In animals, the jackass lives to a much greater age than the horse, and it is a physiological fact of great importance that the mule which is a hybrid, or composition of the two varieties, is never afflicted with diseases peculiar to horses after passing the horse age. So it is with hybrid plants, and also with human beings. When a person has inherited from one parent a short life, and from the other a long one, he will not be afflicted with the diseases of the

short-lived person after passing the age of longevity. The lecturer instanced the case of Colonel Vanderbilt, of this City, whose father died at the age of 55, and who was afflicted with much the same diseases when he reached that age; but having recovered from his sickness, he was then living on the Cummings or maternal life, with renewed health, and still good for many years of vigorous life.

It may be interesting to refer to some few facts on which the operations of Life Assurance Companies are based. According to Dr. Todd, the Registrar-General of England, "*the natural term of human life appears to be a hundred years*;" and out of the annual generations successively born in England and Wales, a few solitary individuals attain that limiting age, the rest dropping off year by year as age advances, so that the mean lifetime is *at present* only forty-one years." By the last census taken in Great Britain, it appears that 596,030 of the inhabitants had passed the barrier of "three-score years and ten;" more than a hundred and twenty-nine thousand had passed the Psalmist's limit of fourscore years, and one hundred thousand eighty-one years. Nearly ten thousand had lived ninety years or more; a band of two thousand and thirty-eight pilgrims had been wandering ninety-five years and more on the unended journey; and three hundred and ninety say they had witnessed more than a hundred evolutions of the seasons.

That few men reach their hundredth year is no proof such is not the natural term of life. Many instances are cited of men living in the ancient world more than a hundred years; and Lord Bacon in his "History of Life and Death," quotes as a fact unquestioned, that a few years before he wrote, a morris-dance was performed in Herefordshire at the May games by eight men whose ages in the aggregate amounted to eight hundred years. No populous village in England was then without a man or woman of fourscore years old. In the 17th century, some time after Bacon wrote, two Englishmen are reported to have died at ages greater than almost any of those which have been attained in other nations. According to documents which are printed in the

Philosophical Transactions of the Royal Society of London, Thomas Parr lived one hundred and fifty-two years and nine months; and Henry Jenkins one hundred and sixty-nine years. At the last census in Great Britain, one hundred and eleven men and two hundred and eight women, were returned of ages ranging from one hundred to one hundred and nineteen years. Two thirds of the centenarians are women, but it is right to remark that several of them are natives of Scotland or Ireland, where no efficient system of registration exists; few of them resided in the parishes where they were born and had been known from youth, and many of the old people are paupers and probably illiterate, so that, no doubt, it would be difficult to obtain the documentary evidence which alone could be accepted as conclusive proof of such extraordinary ages.

There are frequent instances of longevity quoted in Scripture. Abraham lived to the age of 175; and his son Isaac, to 180; Jacob, to 147; Ishmael, to 137; Joseph and Joshua, 110; Elisha, 100; and Sarah, to 127; she is the only female whose age is mentioned in Scripture history. These are ages corresponding with what the LORD is recorded to have said: "And the LORD said, my Spirit shall not always strive with man, for that he also is flesh: *yet, his days shall be an hundred and twenty years.*"

Some remarkable cases of longevity in the United States are related in Dr. Fitch's well-known Treatise on Consumption. Among others, the following: Henry Francisco died at Whitehall, in the State of New York, aged 134 years. He beat the drum at the Coronation of Queen Anne, and was then 16 years of age; he did not die of old age; but the fever and ague. John Hightower, residing in Marengo County, Alabama, died January, 1848, aged 136. A. Paiba, Charleston, South Carolina, died 1782, aged 142. Wm. McKein, Richmond, Virginia, died 1818, aged 130. Martha, wife of a Mohegan chief, died 1806, aged 120. Charles Campbell Lange, Virginia, died 1821, aged 121.

Of course, had these fine old ladies and gentlemen insured their lives at an early age, the Assurance Companies would

have been considerable gainers, that is, they would have received a considerably larger sum in the shape of premiums than they would have been called upon to pay at the death of the parties, and it is from such instances of longevity (though generally of a less striking character) occurring, that the Insurance Companies are enabled to meet claims, to which, from accident, they frequently become liable, where an insignificant sum only in the form of premium has been received.

We have deemed it right to allude to this circumstance in order to remove the surprise, which we have no doubt will be created in the minds of many who have not previously studied the question in all its bearings, and the rapid accumulation of money at compound interest, at the Assurance Companies being enabled to guarantee the payment of so large an amount at a period which may very speedily occur, in consideration of receiving what at first glance appears so trifling a premium. We have previously alluded to these premiums being the result of nice calculations and lengthened experience and observation, and our remarks in reference to the regularity of mortality in the aggregate is very strikingly illustrated by statistics—to which we propose to return in our next No. For the present we bring this Chapter to a close, by observing that we have endeavored to show what is unquestionably the case, that Assurance Societies are established upon equitable and beneficial principles, and we think it must be clear to all who will give the subject consideration, that they present the best and surest mode of providing for the endeared and helpless relatives who may survive them, and for whom they are bound to make every provision in their power.

It is really a striking and melancholy instance of the recklessness, improvidence and selfishness of mankind, that so few avail themselves of the advantages offered by Life Assurance. What a frightful reflection for any man who has neglected to make some such provision, that at any moment the cessation of his existence may place his wife and children in a state of utter destitution! Must he not stand

convicted in his own conscience of the grossest selfishness? Must he not feel that it is as much his duty to prevent as far as he can their being left without a cent in case of his death as it is whilst he is living to provide for their daily wants? This duty seems to us imperative.

The only real excuse that can be urged for not providing for the future, is the absence of sufficient means, but the object is worthy of a noble effort. We envy not the feelings of that man, nor can he be deemed worthy of the esteem of his fellow men, who voluntarily, wilfully, exposes his family to the risk of being reduced at any moment to a state of beggary. None can tell what an hour may bring forth. None will die the sooner for being insured. The path of duty is, plainly, to—assure your lives.

(To be continued.)

Solution of Chlorinated Soda in Diphtheria and Croup.

BY J. M. COMINS, M.D.

Prof. of Obstetrics and Diseases of Women and Children in the Eclectic Medical College of New York.

IN July, of 1858, I was called to see a vigorous and healthy child, eight years of age, who was suffering, the third day, from a very severe attack of diphtheria. I found her pulse small and hard, one hundred and twenty to the minute, skin excessively hot and dry, stupid at times, then, from her struggles for breath and pain about the throat, she became wild and excited, extreme nervous irritability, tongue dry and heavily coated, dark brown; the mucous membrane of the fauces, tonsils, and pharynx, and posterior nares, were heavily coated with that peculiar exudation common to this disease, of a gray mixed, or ash-colored lymph.

Deglutition was entirely suspended, and all she attempted to swallow was either forced through the nasal passage, or from the mouth in the effort. I tried various remedies, the best in use at my command, but she seemed to sink rapidly, and had all the appearance of soon passing away. Some-

thing must be done, and that, too, quickly, or death would inevitably soon close the scene.

I was induced to use Labarraque's solution of chlorinated soda. I made a wash of one part of chlorinated soda and water five parts, sweetened well with white sugar, and with a soft probang applied to the whole surface of the throat, as often as every ten minutes. Externally I applied the chlorinated soda freely, full strength, upon a compress, renewing as often as it became partially dried, until a high state of irritation was induced upon the surface, then used not so strong. I gave internally, by holding the tongue down with a spoon-handle, for she could not swallow at all, *veratrum viride*, five drops; *tr. gelseminum*, fifteen drops, for the first dose, repeated with half that amount in one hour; sponged the whole surface with tepid alkaline water, and ordered pediluvia of the same. I was happily surprised to see a material change for the better within one hour. Before two hours had passed, the diphtheritic membrane began to be detached, and was thrown off in large patches, and within twelve hours from the time I began to use the chlorinated soda, she could swallow freely, articulate plainly, and in short she was out of danger. Rapid convalescence continued, and in a few days she was as well as ever. I was amazed to find a remedy so potent in its effects over morbid conditions, as to control so formidable a disease as diphtheria.

I dare not announce it as such, from the trial of a single case, and I continued its use, and am still using it in every case that comes under my care, and have found it a SPECIFIC. In at least seventy-five cases that have come under my charge since the above date, I have used no other treatment, and have not lost a single case. In croup, too, I have found it equally efficacious, used in the same way.

In quite young children I use the lotion not quite as strong, but use freely and often, controlling arterial excitement by the use of our sedatives, such as *veratrum* and *gelseminum*, &c., as the case may indicate. In this formidable disease, that has made such sad havoc among the children of our land, I have had the good fortune to save all.

my patients. I now look upon a case of diphtheria or croup as a disease, not to be dreaded, under the use of the chlorinated soda. The agent, as found in the shops, is a strong alkali, a powerful antiseptic, stimulant, and resolvent. It has a specific influence upon the false membrane, or lymph forming that membrane, so tenacious in its character, and will dissolve it entirely when placed in the liquor; hence the soft portion or unorganized, between the true and false membranes, being first dissolved, the false is thrown off in large pieces. It has the same effect in both diseases. When the membrane becomes detached and thrown off, I use the wash quite weak, say one twentieth or one thirtieth, well sweetened, until all inflammation subsides. I have never seen anything written upon the use of this agent in these diseases, and have found it so valuable in my hands that I am constrained to bring forward this paper, thinking that some one may be benefited by the suggestion. Several physicians have tried it at my suggestion, and have found it a never-failing remedy. Others may have their favorite remedies, but most of them fail now and then. This seems to check the progress of the disease immediately, and dissolve the exudation. I look upon it, as an agent in those cases, as invaluable.

New Formulæ.

BY J. S. PRETTYMAN.

Vinum Lobeliæ Compositæ.

R Pulv. Lobeliæ Fol., ℥ij.; Pulv. Lobeliæ Seminæ, ʒij; Cypripedi Pubescentis, (American Valerian) in coarse powder, ℥ij.; Ol. Anisi; Ol. Menth. Pip. āā. fʒjss.; Alcohol, ℥ij.; Vini (Sherry), O.ij.

Mix the lobelia, valerian and wine together, cut the oils with the alcohol, and turn them all together into the bottle. Macerate, with occasional agitation, for twenty-one days; then express and filter through paper. This makes an ele-

gant preparation, and from many years' experience has become a great favorite with myself and also with other practitioners to whom I have communicated the formula. I was recently reminded of my long-entertained intention to communicate the formula to the profession, by an order which I accidentally saw from a distant physician to my druggist for a large supply of what he called the "invaluable preparation." The dose is from half a drachm to a fluid ounce.

USES.—*First, as a febrifuge and antiphlogistic.*—In simple fevers it may be successfully used as a stimulating and nauseating diaphoretic, and is particularly adapted for this purpose to infants, children, and delicate adults. It is perfectly safe, and may be given in any quantity from a few drops to an ounce, in some simple warm infusion, sweetened and made palatable with sugar. A good vehicle is an infusion of the *Nepeta Cataria*. It promotes *diaphoresis* and *diuresis*, relaxes the muscular tension of the organization which exists in all sthenic forms of fever; promotes capillary circulation and relieves the nervous irritability of the system. If pushed to a sufficient extent it produces free and easy *emesis* without gastric irritation or any tendency to *hyperemesis*. As an antiphlogistic it may be freely and safely used in all forms of inflammatory disease occurring in children or delicate adults. If freely administered in the primary or congestive stage of pleurisy, pneumonia, or other inflammatory form of disease, it will usually cut short the disease. It is not advisable to continue its administration to a very great length of time. Its good effects are usually obtained when it is gradually administered until free emesis is brought on in the course of four or six hours, and should then be discontinued for a time at least; but may be renewed again if circumstances indicate. Its sedative effect is very considerable if long continued.

Second—as an emetic for infants and delicate persons.

Third—in croup and catarrh it is very convenient and efficient.

Fourth—as an anodyne for infants that are cross and fretful from colic or indigestion, it is superior to any of the

soothing syrups or cordials, and does no harm. It may be given mixed with an equal quantity of simple syrup in teaspoonful doses to infants, and repeated until relief is obtained. It will do no harm to even the most delicate infant, but it need not be continued at any time after vomiting ensues.

Its range of application is very extensive, and I find it to be one of my most useful remedies.

Syr. Hypophosphatæ Compositæ.

℞ Calc. Hypophos. ; Sodæ Hypophos., āā. ʒj. . ; Aquæ Dist. Bul., fʒ. xxv. ; Glycerine ; Syr. Simp. ; Alcohol, āā., fʒ. V.

Dissolve the salts in the hot water and filter through paper; then add the other articles in the order in which they are written in the formula. In cold weather or when the solution is to be used immediately it is better to omit the alcohol and substitute water. The spirit is only added to prevent fermentation. It will be seen that each fʒ., represented by a teaspoonful, contains one and a half grs. of each of the salts or three grains of both. This constitutes a very eligible method for the administration of these articles, and it is the more valuable because it is so easily prepared. I prefer the chemicals manufactured by Nichols, of Boston, to any others that are in the market, and always use them in my practice, though the price is about twenty per cent. higher than that of other chemicals. For some purposes, the Syrup of the Hypophosphites, prepared by Mr. Nichols, is preferable to the formula here given. It is where the iron and the potassa may be desired, or where these will not be objectionable.

The preparation is of great service in the treatment of many forms of disease where there is great nervous debility or exhaustion *from mal-nutrition*. *This is the key to its successful administration*. It is highly useful in the premonitory stages of tuberculosis, and indeed in almost any or all stages of this terrible malady. In the somewhat chronic stages of cholera infantum bordering on marasmus, as well as in the

latter form of disease, it is often of the greatest utility. Its effects are not sudden and temporary, but slow, certain and effectual in building up and removing that condition of the organization expressed by the term inanition. It will be found to be exceedingly efficacious also in those old cases of nervous and seminal debility growing out of excessive venereal indulgence or self-abuse. In infants during the process of dentition, and especially in those cases of defective organization, from scrofula, and transmitted mercurial poisoning, where there seems to be such defective nutrition that the vital forces cannot eliminate sufficient tooth-making material from the defective blood, it has in my practice produced the most remarkable effects. I have also found it useful in the second dentition of delicate and strumous children.

MILFORD, Del.

Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF JAMES DAY, M. D.

[Continued from page 258.]

THE readers of the *Review* will remember a case reported in the April No. of severe intra-uterine ulceration, treated with carbolic acid. The patient called upon me a few days since, having been absent 2 months, somewhat alarmed at an enlargement of the abdomen and tumefaction of the mammae, although she admitted her health to be vastly better than for years past. When discharged, the functional action of the uterus was apparently normal, discharge entirely arrested, no tenderness, but some induration of the cervix, for which we used the pessaries of cocoa butter and iodide of zinc with belladonna.

At her request we made an examination of the uterus. Somewhat increased in size, not tender, high up in the pelvis with the os and cervix soft and patulous in the highest degree—these with other symptoms lead us to the conclusion, that she is “*enciente*” after eight years of barren wedlock.

June 8.—Catharine McC——, aged 22, married domestic. Did housework until a day before confinement; had a difficult labor, and on attempting to resume her duties too soon—one week after confinement, took a chill; which returned every other day until the time she presented herself (some three weeks), suffered from constant nausea and vomiting, with great nervous prostration and emaciation, tongue heavily coated, breath offensive. Although this patient was much reduced, we saw clearly it would be useless to attempt relief without thorough action of the liver; ordered

℞ Alc. Fluid Ext. Podophillum, ℥xl.; Alc. Fluid Ext. Leptandra, 3 iss.; Syr. Rhei et Potassa *ad.*, 3 ij.; Misce. Capt. cochl. amplium nocte et mane.

℞ Quiniæ Sulphatis, grs. xxiv.; Ferri Ferrocyanidi, grs. xvij.; Extracti Nucis Vom. Alc., grs. iij.; Podophillini, gr. i.; Pulv. Capsici, grs. iv.; M. Ft. Pil. xxiv. ij. Ter. die sumend.

June 9.—Next day, on which she should have chills, patient returns, reports no chill, and in spite of the very thorough action of the medicine, reports herself feeling much better and stronger.

June 16.—Rapidly gaining, no chill, tongue clearing—continue podophillum mixture in teaspoonful doses night and morning. In three days left for country, entirely well.

June 13.—Katy Daly, age 13, native of Mass. Phthisis pulmonalis, 3 years' standing, commenced with dizziness in the head; severe cough for two years, with copious yellow expectoration, pain in infra scapular region, tenderness of left side, pectoral muscles and sternum.

During the last year severe diarrhœa, amounting to from 4 to 7 actions daily without pain, consisting of mucus, pus and blood, with fecal matter, hectic fever, night sweats, loss of appetite; cough continues, but no expectoration; eyes glassy, blue line around gums, nausea and aversion to food, tongue red and flabby; percussion dull on upper lobe of both lungs and lower lobe of left lung, possibly due to pleural adhesions, with amphoric resonance under left nipple and in left lateral region.

A weak and feeble respiratory murmur on the left side, on the right harsh and rough. In this case I prescribed as follows: Cod Liver Extract (Dragees.) ij. , 3 times daily.

\mathcal{R} Syr. Rhei et Potass., 3x. ; Alc. Fld. Ext. Geranium Mac., 3ij. ; Alc. Fld. Ext. Hydrast. Can., 3ij. ; Alc. Fld. Ext. Leptandr. Vir., 3ij. M., 3ss. , 4 times daily.

June 24.—Character of discharges improved, but no diminution of frequency. Continue treatment.

July 1.—Patient reports the number of evacuations reduced to 4, and in color and consistence natural, night sweats and hectic fever gone, appetite improving, tongue less flabby and better color, continue treatment omitting leptandra, and recommend daily sponge-bath of water containing a little bicarbonate of soda; continue C. L. Dragees.

July 8.—Patient reports rapid progress in every particular, evacuations never exceed three, usually one or two, and natural; appetite good, tongue clean, no night sweats, a little color (constant) in cheek, better expression of eyes, can walk a mile without inconvenience, before could scarcely walk a block without severe fatigue; very little cough, can take a longer inspiration, which is not painful.

I call attention to this treatment of the diarrhoea, inasmuch as she has been under the care of every physician of both schools in her native city for the past year, without the slightest relief. We continue the treatment, reducing the quantity of syr. rhei et pot. one half, replacing with glycerine and adding 3ij. subcarb. bismuth.

June 23.—Bridget B., age 28. Married. Neuralgic headache. Took severe cold some three weeks since. Fever, with chill. Since then severe headache with fever, worse in afternoon; sleepless nights with intense pain in frontal region and eyes; intolerance of light; throbbing in temporal region; ringing noise in ears, with partial deafness; constricted feeling around head, says it feels as though it was tied with handkerchief; tongue coated; bad taste in mouth; bowels regular; prescribe as follows: Alc. Fld. Ext. Gelseminum, (green) $\text{m\text{ij.}}$; Alc. Fld. Ext. Podophillum, mxi. ; Alc. Fld. Ext. Leptandra, 3iss. ; Syr. Rhei et Potassa, 3j. ; 3i. Nocte et Mane.

This patient did not return until the 10th July, when she called with a child for treatment; on questioning her, she says she was entirely relieved of all symptoms before she had taken the whole of the medicine, and has had no return of same.

June 30.—William S., age 7. Scarlatina Anginosa; attacked day before with vomiting; prostration, headache, and high fever, difficulty in deglutition; redness and enlargement of tonsils, fauces, &c.; swelling of the glands of the neck; great thirst, tongue heavily coated, with red edges, papillæ projecting; no eruption, no appetite, skin dry and hot.

R. Pulv. Jalapæ Co. grs. xx. at bedtime; R. Alc. fld. Ext. Gelseminum, $\mathfrak{m}\text{xv}$.; Alc. fld. Ext. Aconiti, $\mathfrak{m}\text{vi}$.; Alc. fld. Ext. Asclepius, 3 ss; Aqua Camphoræ, $\mathfrak{z}\text{jss}$; M. one teaspoonful every hour until diaphoresis takes place, to be aided by the alkaline sponge bath.

July 1.—Has perspired freely since night, body covered with eruptions; bowels act freely, no vomiting since first dose medicine, tongue still coated and throat very sore—order comp. soap, and comp. camphor liniment to throat. Keep up sponge bath, and internally the following. Saturated Sol. of Chlorate Potassa at 60° $\mathfrak{z}\text{j}$.; Alc. Fld. Ext. Belladonna, $\mathfrak{m}\text{xv}$. M., $\frac{1}{2}$ teaspoonful every hour for 4 hours, then every two hours.

July 2.—Improving in every respect; tongue still coated and throat much swollen. Alternate, 10 drops Compd. Acetous Tinct. Sanguin. with the last medicine. July 3 to 6, rapidly improved and discharged.

July 6.—Nora Mc——, age 34. Widow. Erysipelas. Eruption on both ankles, neck, and in axillary region, the ankles presenting symptoms of phlegmonous ulceration; intense redness; tumefaction and itching; commenced 3 days since, and is spreading rapidly. Treatment—painted the whole surface with a solution of equal parts of Alc. Fld. Ext. Veratrum Vir. and water, gave lotion composed of 2 drms. of the fld. ext. in 4 oz. water, to be applied constantly to the parts; ordered 15 drops tincture sesquichloride iron in water every three hours.

July 7.—Itching, pain, and swelling gone; slight blush left to mark the point of attack; patient much astonished, having been treated before, some two years since, allopathically for same trouble, and sick three months; showed large cicatrices on arm result of sloughing. Gave a little mild zinc ointment to apply to broken surface, and continue other treatment.

July 8.—All sign of disease gone.

July 8.—Eliza P——, age 22. Married. Erysipelas 3 days standing, face, neck, and ears; symptoms about same as the above, and ordered same treatment; patient took only 5 drops iron, and returned next day only slightly improved. Painted parts with strong Fld. Ext. Veratrum, and told her to take 15 drops iron every 3 hours.

July 10.—Rapidly improving.

Insolation, or Sunstroke.

BY J. M. F. BROWNE, M. D.,

Professor of Physiology and Pathology in the Eclectic Medical College of the City of New York.

THIS morbid condition is caused by exposure, either to the direct rays of the sun or to an intensely heated atmosphere. It has long been known to the inhabitants of inter-tropical countries, and cases of it are related in some of the earliest records. In one of the apocryphal books of the Bible, for example,—the book of Judith to wit,—there is a brief but unmistakable description of it. In the eighth chapter, we are told that Manasses, the husband of Judith, became suddenly ill while overseeing the reapers and binding sheaves in the harvest-field. “The heat,” says the record, “came on his head, and he fell on his bed and died,” etc.

Insolation, however mild the attack may be, is never unattended with danger; and the mortality, as shown by the cases that have recently occurred in New York, ranges from forty to fifty per cent. The premonitory symptoms, if any occur, are slight: dulness, or listlessness, with headache, and

a general feeling of uneasiness may sometimes come to warn the patient of his danger; but even these are not unfrequently wanting, and he suddenly falls down insensible, and in a few moments expires.

Post-mortem examinations reveal to us that there are at least three ways in which death by insolation is produced.

1st. There may be intense cerebral congestion, and the result is death, as in a true apoplectic attack.

2d. The pia mater and arachnoid may be inflamed, and the result is death, as in cases of genuine meningitis.

3d. The brain and its membranes may be perfectly healthy, and the heart alone, of all the organs of the body, show signs of disease. When such is the case, that organ, instead of being firm and florid like the other muscles, is soft and flaccid, and pale.

Another condition which morbid anatomy reveals is congestion of the lungs, with distension of the right side of the heart. It may be remarked that this congestion is more complete in this than any other disease.

In cases in which the heart alone is affected, the morbid condition is undoubtedly one of nervous exhaustion. The heart is stimulated to unusual activity by the excessive heat, and perhaps by severe muscular exertion. Its unwonted exercise soon results in fatigue, and, overpowered and exhausted, it ceases to act, and "suffers syncope and a solemn pause."

In insolation, the skin is hot and dry—the pulse quick and full—the face pale—the tongue red or brown—the pupils contracted—the conjunctivæ congested—the breathing difficult—the vision dim—and the evacuations involuntary.

Treatment.—As soon as a patient is attacked, let a stimulant be promptly administered.

R Vini Cremati, ℥ ij; Tr. Capsici, ℥ ij. Take two teaspoonfuls every fifteen or twenty minutes, until reaction takes place. At the same time let ammonia be applied to the nostrils, and ice to the spine. If the patient cannot swallow, let the following be administered by enema.

R Aquæ Amyli, ℥ v.; Tr. Xanthoxyli, ℥ ss.; Capsici, gr. x.

The pouring of water on the head from a considerable distance has a happy effect. The people of India, who suffer so much from insolation, prefer this curative power to all others.

When reaction has been fairly established, small doses of aconite or veratrum viride must be given, to control the fever that follows; and during convalescence quinine and iron, and general tonics will be necessary.

Insolation can usually be prevented by the constant application of cold to the head. Persons exposed to a scorching sun should wear in their hats a sponge or kerchief, which ought to be frequently wet—and, as a further precaution, they ought to avoid the use of spirituous drinks and large draughts of cold water.

52 Bond Street, New York.

PERISCOPE.

Influence of Weather upon Sickness.

Dr. Ballard, in his recent Report on the Health of Islington, for 1867, says: "1. That an increase of atmospheric temperature is normally associated with an increase of general sickness. 2. That a decrease of atmospheric temperature is normally associated with a diminution of general sickness. 3. That for the most part the increase or decrease of sickness is proportional in amount to the extent to which the atmospheric temperature rises or falls. 4. That it is an error to suppose (as is popularly held) that sudden changes in temperature are (as a rule) damaging to public health. A sudden change from cold to hot weather is indeed very damaging; but a sudden change from hot to cold is one of the most favorable circumstances that can occur when sickness is regarded broadly as respects a large population. 5. That, remarkably enough, these influences are most marked in the directions I have mentioned in the colder seasons of the year, and more certain in the winter than in the summer. 6. That rises and falls of temperature are more certain and effectual in their special operation upon public health when at the same time the daily range of temperature is lessened,

than they are when the daily range is at the same time increased; rises of temperature increasing sickness more certainly and markedly, and falls of temperature decreasing it more certainly and markedly. 7. That a fall of rain lessens sickness generally, sometimes immediately, sometimes after a short interval, and that, as a rule, the reduction of general sickness is greater when the fall of rain is heavy than when it is light. 8. That drought, on the other hand, tends to augment general sickness. 9. That wet weather in the summer season operates more certainly in improving public health than it does in the winter season.—*Med. Times and Gazette.*

Ulcer of the Leg.

We make the following extracts from a Report in the *London Lancet* of the Hospital out-door practice:

We could scarcely have chosen a more common surgical ailment than that which is the subject of the following notes. Comparison of the modes of treatment adopted for it by the authorities whose names are here collected cannot fail, we think, to be of much interest to the profession.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. Thomas Smith adopts the following classification as most convenient for clinical teaching and therapeutical purposes. He believes it to be of first importance to decide whether an ulcer be of syphilitic origin, or whether it be due to other causes, such as anæmia, insufficiency of food, debility, old age, eczema, varicose veins, hypostatic congestion, or local injury. The diagnosis of syphilitic ulcers he grounds on the antecedents of the patient; on the position of the ulcers, usually above the middle of the leg; their number, often more than one, or if one only is open, scars of former ulcers are usually to be found. The shape of the sore is taken into account—usually crescentic or circular, if syphilitic; the condition of the surface of the ulcer, which, unless healing, looks rotten, and generally contains a core formed of dead tissue, while the edges and environs of these ulcers are often stained a dirty, tawny red.

Treatment.—Iodide of potassium and bark internally, together with black wash locally seldom fail to cure syphilitic ulcers. Inflamed, irritable, or painful ulcers in feeble people are treated with bark or quinine, and by the application of morphia ointment or water-dressing to the sore. *Healing ulcers* are treated with water-dressing or simple cerate. The *cold* ulcer, as described by Mr. Paget, is treated

by tonics, with opium locally and internally. *Varicose* ulcers are treated on general principles; the heroic but successful treatment by ligature of the veins is not carried out, on account of its unsuitability to out-patient practice. Bandages are employed in the treatment of all ulcers.

GUY'S HOSPITAL.—Mr. Bryant practically divides all ulcers into the cellular membranous and cutaneous sores: the former being invariably due to some general or constitutional cause; the latter, probably, to some local one. In the treatment of the cellular membranous sore, the remedies must be directed to the constitutional cause or cachexia which induced the disease, tonics being invariably required, and, when syphilis is the origin of the affection, combined with the iodide of potassium. In the treatment of the simple cutaneous sore a variety of measures are sometimes required; for an inflamed ulcer, which requires soothing treatment, has to be treated differently from an indolent sore, which needs stimulating; a sloughing sore, from excess of action, requires an opposite treatment to a sloughing sore due to a want of power. When a simple sore is inflamed, therefore, the local and constitutional symptoms are usually treated by opium lotion, and opium internally, with or without tonics. When a sore is indolent, it is stimulated with nitric-acid lotion, or the terchloride of carbon lotion. When a sore is sloughing from excess of action in the part, the constitutional irritability is allayed by opium, tonics, and stimulants; and when sloughing from excess of indolence in the sore, by local stimulating applications combined with tonics.

GREAT NORTHERN HOSPITAL.—Mr. Gay's classification recognizes three kinds of ulcer—namely, the *idiopathic*, the *venous*, and the *arterial*.

The treatment of the first variety is simple:

1. *General*.—Rest, with the elevation of the foot above the level of the pelvis.

2. *Local and constitutional*.—When painful and inflamed, topical bleeding by leeches, or scarifications tolerably deep across the edges; warm water dressing; moderate purgation, and opium. If the ulcer has become chronic and the base thickened, Mr. Gay recommends a slightly stimulant lotion—e. g., dilute nitric-acid and opium; or blisters, with the cautious administration of iodine, if struma or syphilis appear to exert an influence on the sore. If there is general want of power, stimulants, tonics, and good nourishment.

There is a more severe form of ulcer, often coincident with varicosity, and as often without it, but very constant

with discoloration—"bronzing"—of the skin, which Mr. Gay has traced to *obstruction*, by clot principally, *either of the saphenous, or the deep venous trunks, most generally of the latter veins*. This is the "venous" ulcer.

Such ulcers will heal by rest and elevation of the leg; but not permanently. Free elliptical incisions along either side of the ulcer constitute the only treatment that can secure for them permanent cicatrization.

The "arterial" ulcer differs materially from the former kinds of ulcer. It is the large, deep, cold ulcer, which often, with intervening islets of diseased skin, occupies the whole of the leg, from just below the knee to the ankle. As it deepens, so it invades fasciæ, muscles, bones, and even the deeper vessels.

They are positively incurable by any means yet adopted; and amputation, except under exceptional circumstances *of a favoring nature*, is a very hazardous proceeding.

KING'S COLLEGE HOSPITAL.—In the more acute cases of varicose ulcers, and those attended by heat and pain, Mr. Wood finds that by far the most convenient, comfortable, and effective plan of treatment is by the acetate of lead and glycerine lotion placed on lint next the sore, changed every night and morning, and surmounted by a wet bandage, carefully adjusted, and kept moist by being wetted from time to time during the day. If the pain be very great at night, five grains of the opium and soap pill are given every night, and the bowels are acted upon daily by a sulphate of magnesia purgative. When the heat and inflammation subside, which soon occurs under this treatment, the lunar caustic is applied twice a week to the edges of the sore, which is then strapped with soap plaster.

In sloughing and phagedenic ulcers, with congested edges, dark-red granulations, and sanious discharge, rest in the recumbent posture is indispensable in the treatment, with aperients, succeeded by tonics and opium administered internally. The local application from the first in these cases, in Mr. Wood's practice, consists of a solution of carbolic acid in glycerine and water, of the strength of about 3 or 4 per cent. of the pure acid. This is applied on lint, and covered with oiled cotton or silk and a light bandage. This has been found remarkably efficacious in cleansing the surface of indolent, ash-colored, sloughing granulations, as well as in the more extensive sloughs, and in introducing healthy action and cicatrization.

In simply indolent ulcers, the local application of the

chloride or sulphate of zinc lotion, in the proportion of 2 to 3 grains to the ounce, is of the most use. If the edges of the sore are thick, indurated, and callous, the caustic chloride of zinc paste applied to the edges has been found to induce a more even and healthy cicatrization when the surrounding skin has not been too firmly bound down by induration.

In weak ulcers, with pale flabby granulations, Mr. Wood uses locally an aqueous solution of the perchloride of iron in the proportion of 2 or 3 grains to the ounce, with the internal use of the tincture of the same preparation.

ST. MARY'S HOSPITAL.—Mr. Norton divides ulcers of the leg into three classes—1st, inflammatory; 2d, non-inflammatory; 3d, those due to an existing local cause.

In inflammatory ulcers, moderate antiphlogistic remedies, coupled with anodynes, seem to be the most beneficial. Attention is paid to the bowels, which should be frequently relieved by an ordinary rhubarb draught. Locally, the treatment adopted is emollient, as a warm poultice sprinkled with laudanum, and in a few days changed, if necessary, to a bread poultice saturated with a lotion composed of solution of diacetate of lead, five minims; tincture of opium, half a drachm; water, one ounce—applied at the natural temperature.

Non-inflammatory ulcers he treats with a lotion of carbolic acid (five grains to the ounce); but lately he has tried largely the treatment by exclusion of air, and for that purpose has applied pieces of tissue-paper, steeped in Dr. Richardson's styptic colloid, and accurately fitted to the ulcer; or a solution of mastic in spirit made into a paste, with trisnitrate of bismuth, and applied upon lint, kept in position by a strip of soap plaster, care being taken first to wash and thoroughly dry the wound. Each application has its merits, but the latter produces no smarting of the surface; on the contrary, by means of the anodyne properties of the bismuth, it subdues any nervous irritability.

Under the third head Mr. Norton arranges those ulcers due to a persistent local cause, as varicose veins, or necrosis, the treatment of which depends mainly upon the removal of the exciting agent.

Mr. Norton considers that total rest is the most reliable remedy for all ulcers, but it is without this valuable agent that the surgeons of the out-patients have to deal with the disease. As a rule, also, he finds internal medicines of but little avail, with the exception of purgatives and anodynes; and, as regards local applications, prefers the milder reme-

dies, as calamine ointment, or a weak solution of carbolic acid, the zinc and resin ointments, and the stronger lotions, being too stimulating, irritative, or drying.

If the ulcer be connected with syphilis, five grains of the iodide of potassium are given three times a day; and if, as is frequently the case, the ulcer be surrounded by an eczematous or a scaly eruption, a weak lotion of diacetate of lead and glycerine is applied, the latter keeping the epithelium in a moistened state, and so preventing the irritation which is produced by the dry scales.

UNIVERSITY COLLEGE HOSPITAL.—Mr. Christopher Heath believes that an accurate diagnosis of each case of ulcerated leg is essential for its successful treatment, and that the haphazard plan of poulticing pursued by patients, and of applying the red nitrous oxide of mercury ointment by chemists to every form of ulcer, is as absurd as it is common.

The commonest form of ulcer, particularly among married women, is the syphilitic. This fact is often not recognized, and ulcers are treated with ordinary stimulants for months unsuccessfully, which heal in a few days under yellow wash (one grain of bichloride of mercury in one ounce of lime-water), and iodide of potassium internally. The ulcer is usually multiple, very irregular, and the skin around has a peculiar "worm-eaten" appearance. The ulcers commonly extend up the leg to the knee, and there may be thickening of the tibia. There is a yellowish-white surface to the sores, and a thin discharge exudes in considerable quantity.

Ulcer of the leg depending upon scabies is constantly confounded with ordinary ulceration, but requires specific treatment for its cure. Mr. Heath never uses the sulphur ointment for any form of scabies; but, here as elsewhere, has had every reason to be satisfied with the sulphide of calcium lotion (sulphur and quicklime, of each one ounce, boiled in a pint of water), provided the affected part is well washed with hot water, and the lotion applied while it is warm and moist, and then allowed to dry on. Two or three applications of this kind remove the scabies, and the ulcers then heal readily with water dressing.

The eczematous ulcer is very commonly met with, the disease depending usually upon varicose veins. In obstinate cases of the kind, Mr. Heath has found weak iodine lotion (one drachm of the tincture to eight ounces of water), and in the later stage zinc ointment, very serviceable.

The ordinary varicose ulcer heals readily with a lotion of nitrate of silver (two grains to an ounce), and constant ban-

daging; but there is a form of irritable varicose ulcer (usually of small size and near the ankle) which is very difficult to cure, and in the treatment of which opium internally, in the form of compound soap (five grains thrice daily), is very useful.

The indolent ulcer of long standing, with thickened margins and a callous surface, is not very common in Mr. Heath's practice; but when it occurs it is invariably and rapidly cured by strapping the ulcer, and the leg for a short distance above and below it. The strips of plaster should be dipped in *hot* water before they are applied, as they thus fit the part much better than if merely warmed; and no other dressing is to be put upon the ulcer itself. A bandage is applied over the plaster, which latter requires renewal twice a week.

EDITORIAL.

Editorial Notes.

WE have during the last few weeks visited many portions of Conn., Mass., New York, Penn., Ohio, Ind., Kentucky and Tenn., and throughout the entire journey we have found the most abundant and gratifying evidences of the spread and development of Eclecticism. The physicians of our school, as a general thing, are doing a fine business, and are demonstrating by their successful practice the superior efficacy of Eclectic medicine. It does us good to meet with so many to whom we have lectured and used our influence to indoctrinate in the principles of a liberal system of medicine.

STATE SOCIETIES.—The several State Eclectic Medical Societies have recently held their annual meetings. Most all of them have been largely attended, and the proceedings have been of a most interesting nature. Many important subjects have been presented for consideration and fully discussed, among which we may mention the National Eclectic Medical Association and Pharmacopœia. The urgent necessity of both of these measures to our branch of the profession has long been felt, and we are assured that there is now a determination to have these wants supplied. A call will soon be issued by the various committees appointed by the several Societies for a meeting to be held early in 1869 at some point most accessible and convenient to the Eclectic physicians of the United States. We hope this will be so managed as to accommodate the greatest

number, and that every one will feel it not only a privilege but a duty to attend. Such a meeting will do an immense amount of good by uniting and consolidating the strength of the Eclectic Medical Profession. We wish to see each other, to compare notes on practical subjects, and to interchange views in regard to the various measures which may be presented to the meeting for its consideration.

PHARMACOPŒIA AND PURE DRUGS.—The Internal Revenue Law regulating the "manufacture of medicines," etc., says that all medicines not manufactured according to the Eclectic Dispensatory, and the U. S. Dispensatory and Pharmacopœia, the American Journal of Pharmacy, the Homœopathic Dispensatory and Pharmacopœia, shall be taxed as proprietary medicines. There are now many chemists and pharmacutists who profess to manufacture medicines by processes not known or recognized by either of the above works, and offer them to the profession as standard remedies. According to the Internal Revenue Law such preparations are now to be regarded as nothing more than patent medicines, and are to be stamped as such, unless the manufacturers declare, under oath, that they are made according to the formulæ recognized by the above authorities.

Pure medicines are as indispensably necessary as good medical skill. The practice of the most able physician will be attended with the worst possible results if his prescriptions are not filled with reliable medicines. Since this is the case, it is the duty of the profession to compel all manufacturers and dealers to furnish only such as are efficient and trustworthy. Drug manufacturing amounts to nothing unless the profession have confidence that patients will not be lost by the waste of time in experimenting with what is really worthless, or be sacrificed from the use of dangerous or spurious articles. Let the profession have good and pure medicines, and let the manufacturer's charge justify him in making the very best.

That we may have all medicines of uniform standard strength, and that every physician may know just what he is prescribing, we are decidedly in favor of a National Eclectic Pharmacopœia, and will labor constantly for this object until it is accomplished. We hope the several committees will exert themselves in pushing forward this work.

First National Eclectic Life Assurance Society of the United States.

This Society commenced operations about the first of July, and already a large amount of business has been done. No Company

ever took so many policies and for such large amounts in so short a time. This is owing very much to the fact that the Eclectic physicians generally throughout the entire country are working for its success. While the examining physicians will be mostly of the Eclectic school, the Society does not propose to reject physicians of other schools in locations where there are no Eclectic physicians. There are more than six thousand Eclectic physicians scattered throughout the country. Over one hundred of them have already made application for assurance on their lives in this Company—some for as much as ten thousand dollars. The various agents will submit a special plan for the action of the physicians as soon as the State and local agencies can be established.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

LESSONS IN PHYSICAL DIAGNOSIS. By ALFRED LOOMIS, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, Physician to Bellevue and Charity Hospitals, etc. New York: Robert M. Dewitt, Publisher, pp. 159.

There is no department of practical medicine which has been cultivated of late years with such gratifying success as the art of Diagnosis. Indeed the precision and accuracy with which physical Diagnosis now enables us to detect diseased conditions and refer symptoms to the organic lesions on which they depend, must be considered as the greatest achievement of modern medicine. The high and deserved reputation which the author of this little work has earned as one of the best teachers of clinical medicine in this country, should be regarded as a good credential of its worth, and this practical embodiment of his teachings in the form of these lessons cannot fail to prove a valuable addition to the literature of this subject.

Dr. Loomis does not attempt originality upon the subject, but endeavors to present in an available form those rules of Diagnosis which are now generally accepted by the best teachers. The plan which he pursues is admirable, and the rules which he lays down as a guide in the practice of this art are clear, simple, and concise. While the mind is not burdened and confused by a multiplicity of instructions, yet everything is given which bears directly upon the subject under consideration. The work is elegantly printed, and illustrated with a number of well-executed woodcuts. We would cordially commend the work to both students and practitioners.

NEWS AND MISCELLANY.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The New York State Eclectic Medical Society held its semi-annual meeting in the City Hall at Syracuse, Wednesday, June 24th. The meeting was called to order by the President, Prof. W. W. Hadley, at 10 A.M.

Prayer was offered by Rev. John J. Lewis, of Syracuse.

J. Edwin Danelson, of Brooklyn, and Prof. J. M. Comins, of New York city, were elected Assistant Secretaries.

The roll of membership was called by the Secretary, Prof. Paul W. Allen, of New York city, and met with a good response.

Delegates were received from the Societies in the different Senatorial Districts throughout the State.

The minutes of the last meeting were then reported by the Secretary, Prof. P. W. Allen.

Dr. D. E. Smith thought the adoption should be postponed until the annual meeting, which would be the most proper time for such action. The January Convention is the legal meeting of the year. The report was tabled.

The Treasurer, Dr. D. E. Smith, made his report. Tabled for final action at the annual meeting.

The regular order of business being suspended, proposals for membership were entertained. The following were proposed: B. M. Genning, E. T. Cheney, C. C. Johnson, A. D. Brooks, C. D. Thompson, J. Edwin Danelson, W. C. Coburn, R. V. Pierce, J. Arnold, W. H. Bowlsby, E. E. Salisbury, E. L. Baker, T. A. Moore, A. Homer Haywood, F. B. Davis, and J. K. Richardson.

Locations and addresses of Eclectic physicians, not yet received by the Society, or recognized in the Eclectic Medical Register, were solicited.

Annual announcements of the Eclectic Medical College of the city of New York were distributed to each member, and remarks made by the Chair.

While the censors were in session and the Convention awaiting their report, the discussion of the treatment of croup was taken up. The varied experiences in regard to spongia, were interesting and instructive. This may yet become an important remedy—further investigation is recommended. The acetic syrup of sanguinaria and chlorinated soda were spoken of in highest terms.

The Society then adjourned to 3½ P.M., and proceeded *en masse* to the Vanderbilt House, where a sumptuous repast was awaiting them.

FIRST DAY—AFTERNOON SESSION.

The discussion of croup and diphtheria was resumed upon call of order by the President. Dr. P. W. Allen introduced the subject of

persistent hemorrhage, more especially nose-bleed, and the favorable results of treatment by oleum erigeroni. Dr. D. E. Smith recommended Monsel's styptic. Drs. Freeman and Allen have used the iron in severe and obstinate dysenteries. Hemorrhage in almost every variety was discussed, both in regard to location and cause. Many interesting cases were cited, quite a number of the members taking part in this most valuable debate.

Prof. O. Davis read an interesting paper on the salts of bromine.

Dr. T. Robens, of Quaker Springs, reported a case of fibrinous tumor complicated with pregnancy. Also, a paper upon nausea and vomiting, giving a combination which has been very successful in his hands.

Dr. Preston spoke of the use of subnitrate of bismuth and oxalate of cerium in combination, as being superior in nausea and vomiting.

Adjourned to meet at 7½ P.M.

FIRST DAY—EVENING SESSION.

The semi-annual address, designed for the public as well as the Profession, brought together a large audience. The President introduced the speaker of the evening, Dr. J. G. Fross, of Syracuse. The theme was "Progress," finely written and eloquently delivered. Prof. Allen followed with a pithy address, which was received with interest and attention.

Adjourned to 9 A.M., 25th instant.

SECOND DAY—MORNING SESSION.

Prof. W. W. Hadley in the chair. Meeting called to order at 9 o'clock.

The report of the Board of Censors was called for, Professor E. Freeman, of New York city, responding. The Board recommended for admission E. T. Cheney, Liverpool, N. Y.; C. C. Johnson, Gowanda; A. D. Brooks, Irving; C. D. Thompson, Alleghany; J. Edwin Danelson, Brooklyn; W. C. Coburn, Buffalo; R. V. Pierce, Buffalo; Josiah Arnold, Auburn; W. H. Bowlsby, Brooklyn; E. E. Salisbury, McGrawville; E. L. Baker, Marathon; T. A. Moore, Manlius; A. Homer Haywood, Westmoreland; F. B. Davis, Amber.

The above were duly elected members of the Society.

Prof. O. Davis then read an interesting essay upon "Reciproca-tion of Ethics and Interest by Patients and Physicians." A copy was referred to the Committee on Publication.

Prof. E. Freeman followed with a paper on Talipes or "Club Foot." He continued with comments on the same, and exhibited the apparatus, showing its method of application.

Prof. J. M. Comins presented a paper on the use of Chlorinated Soda in Diphtheria and Croup, regarding it as a specific. Copy received and referred to the Committee on Publication.

The President followed with an address in behalf of the Eclectic Medical College of New York.

Prof. Janies Day presented an article on pharmaceutical preparations, and the want of uniformity in drugs used by our school, closing with an appeal for a standard pharmacopœia.

Professors Hadley and Allen referred to female medical education—advocating a thorough course in medicine, and announcing that there will be a Female Medical College, of Eclectic principles, opened in New York city about the middle of October.

Adjourned to 2½ o'clock P.M.

SECOND DAY—AFTERNOON SESSION.

A motion to resolve into committee of the whole on new remedies and treatment—carried.

Prof. O. Davis suggested a formula for habitual constipation, also a pill for fevers.

Dr. Preston gave a remedy for different forms of cholera, also an anodyne in acute rheumatism.

Dr. Fross rehearsed a singular case of obstetrics. Dr. Robens presented another. Prof. Hadley a case of mistaken diagnosis. Dr. Smith a similar case, and also a recipe for nursing sore mouth. Prof. O. Davis on the relief of spasm of the glottis in Diphtheria.

The discussion of cancer was now taken up, and continued to some length.

Prof. Allen spoke of aluminum as far preferable to rubber for artificial teeth, and exhibited specimens.

Mrs. M. B. Hayden related her experience in the use of phosphorus in paralysis, which had been attended with great success.

Dr. H. E. Firth gave a history of cases of puerperal convulsions, and the treatment. A discussion followed on the pathology of the disease.

The following resolutions were presented by the Assistant Secretary, J. Edwin Danelson :

WHEREAS, The city of Syracuse have kindly tendered to the use of this Association the City Hall for the Eclectic Medical State Convention during the 24th and 25th instants, it is therefore

Resolved, That the Eclectic Medical Society of the State of New York return thanks to the city for such kindness and generosity ; and be it

Resolved, That a copy of these resolutions be placed on the minutes of this Society, and a duplicate be published in the Syracuse city papers.

WHEREAS, The press of the city of Syracuse have kindly noticed the transactions of the meetings of this Society, giving timely notice of such congregation, and have freely and gratuitously announced the public address on the eve of the 24th instant, it is therefore

Resolved, That the thanks of the Eclectic Medical Society of the State of New York are tendered to the newspaper prints of the city of Syracuse ; and

Resolved, That a duplicate of these resolutions be presented to the daily *Standard*, daily *Journal*, and daily *Courier*, and a copy be placed on the minutes of the proceedings of this Society. Unanimously adopted.

The discussion of the National Eclectic Medical Association followed, and Prof. Day was added to the Committee on the Eclectic Pharmacopœia.

A few congratulatory remarks by the President, and the Society adjourned to meet at Albany in January, 1869.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

(Reported for the Eclectic Medical Review.)

The eighth annual meeting of this Society was held at the Revere House, Boston, Wednesday, June 3, 1868. In the absence of the President, Dr. John Stowe, the Vice-President called the meeting to order.

The Recording Secretary, Dr. C. E. Miles, read the records of the last annual meeting, which were approved; the records of the last semi-annual meeting were also read and approved.

The Treasurer, Dr. W. E. Wright, made his annual report, showing the Society free from all indebtedness, with \$175 in the treasury. Accepted.

The Auditing Committee made their report, which was accepted.

The Report of the Librarian, Dr. Joseph Jackson, was read and accepted.

The Committee on "Concentrated Remedies" reported in part, and asked for further time, which request was granted.

Dr. W. E. Underwood, from the Publication Committee, reported that 300 copies of the Annual Publication had been printed.

The following gentlemen were chosen officers for the succeeding year:

President—John Stowe, M.D., of Lawrence.

Vice-President—R. W. Geddes, M.D., of Winchendon.

Corresponding Secretary—Otis M. Humphreys, M.D., of Boston.

Recording Secretary—C. Edwin Miles, M.D., of Boston Highlands.

Treasurer—W. E. Wright, M.D., of Cambridge.

Librarian—Joseph Jackson, M.D., of Boston.

Counsellors—S. C. Ames, of Boston; C. A. Wheeler, of Leominster; H. D. West, of Southbridge; William Bass, of Lowell; and H. H. Brigham, of Fitchburg.

Drs. J. H. Wright, of Natick; C. D. Hendrickson, of Boston; and Milbrey Green, of Boston Highlands, having been duly examined, were elected to membership in this Society.

Prof. Paul W. Allen, M.D., of New York city, was elected to honorary membership in this Society.

S. P. Hubbard, M.D., of Taunton, read an able paper on "Tuberculosis," which was freely discussed, and then referred to the Committee on Publication.

Prof. R. S. Newton, of New York city, believed the opinion unsound that phthisis is hereditary; but rather that it is a result of incompatible marriages. As many children die from this disease whose parents are free from it, as do those of parents who are phthisical. An ill blending of the parental temperaments is the great source of the disease.

A. W. Sidney, M.D., of Fitchburg, read an interesting paper on "Mind and its Influence on the Body." This paper was discussed and referred to the Committee on Publication.

The By-Laws of the Society were so amended that hereafter the Annual Meeting shall be held on the first Thursday and Friday in June, at 10 o'clock A.M., the Annual Address and Dinner to take place on Friday.

Drs. T. H. Smith, of Boston, J. W. Towne, of Charlestown, and W. E. Underwood, of Boston, were appointed a committee to devise and report the best plan to promote the interests of this Society.

At 1 o'clock P.M., William Bass, M.D., of Lowell, orator, gave an interesting address on the "History, Progress, and Advancement of Anatomy and Surgery."

The thanks of the Society were tendered Dr. Bass for his valuable address, and a copy requested for publication.

At 2 o'clock P.M., the meeting adjourned for the annual dinner, Dr. Otis M. Humphrey, chairman. After dinner the following sentiments were offered and responded to:

"The Massachusetts Eclectic Medical Society," Dr. H. H. Brigham, of Fitchburg; "Modern Evangelical Christianity," Rev. Dr. Eddy, chaplain; "The Press," Mr. Davies, of the *Boston Traveller*; "The Great West," Dr. R. S. Newton, New York city; "The South," Dr. C. A. Wheeler, of Leominster; "Our Medical Colleges," Dr. Edwin Freeman, of New York city; "Quackery," three groans; "Our Sister Societies of other States," Dr. J. M. Comins, of New York city; "Our Poet," Dr. C. E. Miles, of Boston Highlands.

After dinner the Society held a brief session, and adjourned at 5 o'clock P.M.

The Executive Committee held its annual meeting immediately after the adjournment of the Society, Dr. John Stowe, chairman, presiding.

It was voted that the next semi-annual and annual meetings should be held in Boston. Dr. J. M. Aldrich was selected to deliver the annual address. Essayists—Drs. Green, of Roxbury; J. H. Wright, of Natick, and Towne, of Charlestown.

The following committees were also chosen: Arrangements—Drs. W. E. Underwood, of Boston; Andrews, of Taunton; and Abbott, of Melrose. Publication—Drs. Underwood, and Ames, of Boston;

Miles, of Roxbury; and Wright, of Cambridge. Auditors—Drs. Miles, of Roxbury, and Jackson, of Boston.

It was voted to print three hundred copies of the annual publication.

Gentlemen were appointed delegates to the following State Society meetings: Maine—Drs. Newton, of Provincetown, and Hubbard, of Taunton. Vermont—Drs. Wheeler, of Leominster, and Jillson, of Ashburnham. Connecticut—Drs. Buxton, of Worcester, and West, of Southbridge. Pennsylvania—Drs. Bates, of Brookfield, and Ruggles, of Thorndike. New York—Drs. Burnham, of Lowell, and Wright, of Cambridge. The meeting then adjourned.

VERMONT ECLECTIC MEDICAL SOCIETY.

The third annual meeting of the Vermont State Eclectic Medical Society, was held in Montpelier, June 3d, at the State House. President A. G. Brush, M. D., called the Society to order. The annual reports of the Secretary and Treasurer were then read, approved, and ordered on file. Several gentlemen were examined by the censors, found duly qualified, and were unanimously elected to membership.

A committee was appointed to nominate a board of officers for the ensuing year. The following gentlemen were chosen such committee:

Drs. G. H. Plumley, W. F. Templeton, Albert Dodge.

AFTERNOON SESSION.

At precisely 1.30 P. M. the meeting was called to order by the President, Dr. A. G. Brush. Report of Committee on Election of Officers was then called for, which was presented by G. H. Plumley, chairman of said committee, as follows:

President—M. McClearn, Northfield.

Vice-Presidents—W. S. Johnson, Milton; W. F. Templeton, Glover; G. A. Bagley, Chelsea.

Recording Secretary—G. H. Plumley, of Montpelier.

Corresponding Secretary—James Templeton, of Montpelier.

Treasurer—J. M. Templeton, Montpelier.

Censors—Albert Dodge, Chelsea; L. A. Noyes, East Randolph; John Durkee, Tunbridge; A. G. Brush, Fairfax; Geo. Washburn, Hardwick.

All of whom were duly elected.

In his annual address, the President depicted the life, character, and essential qualifications, as well as the rules which should ever actuate and govern the course, of "The true Physician."

Several essays were then presented and read by different members of the Society.

A motion was then carried that the election of officers at our

future annual meetings take place immediately after hearing the reports of the several committees.

Several medical and surgical cases were then reported, with their curative treatment, by Drs. Brush, Johnson, and others.

Resolutions of thanks were then tendered to the Eclectic Medical Society of the State of New York for valuable documents presented to each member of the Society, through the kindness of Prof. Robt. S. Newton, M. D., of New York city.

Also the same to the Vermont Central Railroad, for its liberality in furnishing return checks for all those from a distance.

Adjourned *sine die*.

G. H. PLUMLEY, M. D., Recording Secretary.

IOWA ECLECTIC MEDICAL SOCIETY.

An adjourned meeting of Eclectic physicians of the State of Iowa was held in Des Moines, June 3d and 4th, 1868, at Good Templars' Hall, for the purpose of organizing a State Medical Association, J. A. Reed, M. D., of Davenport, in the Chair, and Dr. W. Molesworth acting as Secretary.

The Committee on Permanent Organization nominated as permanent officers the following gentlemen: W. Molesworth, M. D., of Des Moines, President; J. A. Reed, M. D., and S. V. Duncan, M. D., Vice-Presidents; J. Gadd, M. D., of Montana, Recording Secretary; C. H. Carter, M. D., of Fort Plain, Corresponding Secretary; J. R. Duncan, M. D., of Knoxville, Treasurer.

On motion, the report of the Committee was adopted, and officers elected.

The report of the Committee appointed to draft a Constitution and By-Laws for the government of the Association, was then read by Dr. Gadd. On motion of Dr. J. R. Duncan, the articles of the Constitution as read were adopted.

After discussions on various subjects, the Society adjourned to 8 o'clock, to-morrow morning.

June 4th, 1868.—The Society was convened at 8 o'clock, A. M., President Dr. W. Molesworth in the chair. On motion, it was carried that we adopt the By-Laws of the Indiana Eclectic Medical Association, by changing article seven so as to read two years instead of five.

On motion of Dr. Gadd it was decided we adopt the Code of Ethics of the Eclectic Medical Society of the State of New York.

Dr. J. R. Duncan offered the following resolutions, which were adopted:

Resolved, That we, the members of the Iowa State Eclectic Medical Association in convention assembled, tender to Prof. R. S. Newton, of New York city, our thanks for favors, in shape of books, papers, etc., sent from New York, per express.

Resolved, That in view of the great work in Iowa, demanding a greater number of live, energetic Eclectic physicians, we encourage the education and training of young men of talent for the great work, and that we represent to the Professors of the Eclectic Medical Colleges that the field of labor demands that more ECLECTICS be encouraged to locate in our young and thriving State.

On motion of Dr. Rice, it was voted to hold the next annual meeting in the city of Davenport, on the second Wednesday of May, 1869.

Dr. J. R. Duncan was appointed to read a paper at the next annual meeting, on "The Rationality of Eclectic Practice."

Drs. J. Gadd, J. A. Reid, W. L. Pense, B. T. Gadd, E. H. Carter, N. L. Vansandt, and Dr. Griffin, were appointed essayists.

On motion it was

Resolved, That the Secretary be instructed to forward a copy of the proceedings of this meeting to the Eclectic Medical Journals of New York city and Cincinnati, and request the publication of the same.

On motion the Society adjourned.

W. MOLESWORTH, M. D., President.

J. GADD, M. D., Secretary.

CONNECTICUT REFORM MEDICAL ASSOCIATION.

The annual meeting of the Connecticut Reform Medical Association was held at Tyler's Hall.

Called to order by the President, J. J. Fisk, M. D., of New London.

The following were elected officers for the ensuing year :

President, J. V. Wilson, M. D., Norwich; Vice-President, S. B. Bailey, M. D., Higganum; Corresponding and Recording Secretary, W. S. Hodgkins, M. D., Rocky Hill; Treasurer, Daniel Kingsbury, South Glastenbury. Board of Censors—J. W. Johnson, M. D., Hartford; J. J. Sperry, M. D. Hartford; G. N. Langdon, M. D., New Haven.

An address was delivered by the retiring president, J. J. Fisk, M. D., of New London, on the state and prospects of the medical society.

Prof. R. S. Newton, M. D., and Paul W. Allen, M. D., of the Eclectic Medical College of New York, were present, and addressed the meeting. The meeting passed off harmoniously, and was very interesting to all present.

The following subjects were discussed : "Cerebro-Spinal Meningitis," "Use of Ergot," and "Surgery."

Dr. Langdon, of this city, read an obituary of the late Selden Sprague, of this city, and resolutions were passed. A number spoke in reference to the deceased brother.

The next meeting will be held at Hartford, on the second Tuesday in May, 1869

The evening session lasted until about ten o'clock.

A CURIOSITY.—I have just examined an anomaly in the shape of a child, the daughter of Mr. and Mrs. Corban, from Tennessee, who brought it to this city to make some arrangement with "Barnum," to place it on exhibition.

It is a child eight weeks of age, not differing in appearance from ordinary children above the umbilicus; below that point it is completely double, with four legs, having two navels, the lower one about two inches below the natural position, and in the mesial line of the abdomen, or in the centre of the double pelvis. Two distinct pelves united firmly by the external os innominatum, from the crest of the ilium to the tuberosity of the ischium, throwing the acetabulum of both back to the sacrum for the two inner legs. To all appearance, all the pelvic viscera are duplicated; defecation is normal from each rectum, but does not occur from both at the same time. Micturition takes place from both urethras at the same time, leaving some question whether the two bladders may not be united; external examination rather favors this idea. The external organs are all complete, save the flattening of the inferior strait of each pelvis, by its apposition with the other. There are four legs, the outer one of each pelvis, about the usual size and appearance, the right one club-footed (*talipes varus*).

The centre legs, or those in close apposition, are about two inches shorter than the outer. The heads of the femurs being inserted in the acetabulum so near together, throws the great trochanter posteriorly, the knees also in the same direction, flexed at about right angles, with only slight movement of the joints, feet quite small, with *talipes varus*, and ankylosis of ankle joints. She has no power over the centre legs, but they are movable at the thigh joints. Circulation is complete, and the sense of feeling natural in all. She bids as fair to live to adult age as any child. The parents can give no cause for the deformity.

J. M. COMINS, M. D.

No. 100 E. 26th st., New York.

RESTORING LIFE TO THE DROWNED.—A French physician, Dr. Labordette, claims to have discovered a process for restoring life to drowned persons after an immersion of half an hour or more. Indeed, it is said that it has proved effectual where the patients have been under water as much as six hours. Heretofore, fourteen minutes have been considered the extreme limit of time during which the vital spark can be preserved without air, and in most cases five minutes of suffocation is fatal. The process is not fully described in the account given of it in the French papers, but it seems to involve the use of an instrument for opening the windpipe, coupled with kneading and rubbing the body.

PROF. C. T. HART, M. D.

At the late Annual Meeting of the Eclectic Medical Association of Ohio a committee, consisting of Drs. Scudder, Judge, and Anton, was appointed to draft resolutions, expressing the feelings and sentiments of the Association on the intelligence of the death of Prof. C. T. Hart, M. D. The following was the report of the committee, adopted by the Association:

WHEREAS, In the dispensation of an all-wise Providence, Dr. C. T. Hart, late Professor in the E. M. College of New York, and formerly a Professor in the E. M. Institute of Cincinnati, has been taken from his field of earthly labor; therefore,

Resolved, That in the death of Prof. C. T. Hart, the profession has lost a faithful co-laborer and able teacher, the people an earnest, intelligent, and kind physician, and society a good and useful citizen.

Resolved, That the sympathy of the members of the Association is hereby extended to the family of the deceased.

Resolved, That a copy of these resolutions be furnished the Eclectic Medical Journal of Cincinnati, and the Eclectic Medical Review of New York, for publication, and that a copy be sent to the family of the deceased.

J. P. MARVIN, M. D., Secretary, E. M. Association, of Ohio.

CHEMISTS AND DRUGGISTS.—A correspondent writes: "Permit me through your *Review* to point out a source of great danger to which we are constantly liable. I allude to the inability of parties styling themselves chemists and druggists to dispense correctly medical men's prescriptions. A few days ago, I had a sick child, for whom a medical man prescribed six powders; the prescription was put up by a young man who evidently knew little of his business; and the giving of the first dose nearly resulted in the death of my child! I have since been informed by the Doctor, that the prescription contained a quantity of drugs to be divided into six powders. Instead of doing so, the druggist put up six powders, each containing the full quantity, and the dose was therefore six times stronger than was intended. Now, I think it is high time a stop were put to this state of things, and the only thing I can see is to have a qualification for druggists; and I would suggest the druggists themselves move in the matter. As things are at present, a lad enters a druggist's shop, and serves for a few months as message-boy and bottle-washer; and then his friends start him in business, and our lives are at the mercy of his thoughtlessness and ignorance. This is one of the cases wherein it may be truly said, "A little knowledge is a dangerous thing." It is a great satisfaction to know that when we employ a doctor, he is a fully qualified man, and we ought also to have the assurance, that the chemist or druggist who dispenses the prescription, is likewise competent. The misery my wife and I lately endured in consequence of the chemist's nearly fatal blunder has called forth these remarks, and I trust that they may lead to something being done to save other parents in future from similar suffering.

J.

TO ETHER OR EITHER.—An article in the last No. of *Lippincott* tells the following anecdote of Oliver Wendell Holmes:—

The other day died a prominent citizen, who left a legacy to erect a monument to the discoverer of anæsthetic agents. You see they appreciate science at the "Hub!" This revived the old battle: Was it Morton, was it Jackson, who first found out the use of chloroform? There has also been a row upon this point—a feud like that of Bianchi and Neri—unappeasable and undying. The doctor was applied to in the dilemma. Who should have a statue? "Perfectly simple," said he. "One pedestal! Two statues! Morton here! Jackson there! Underneath the simple inscription, 'To Ether!'"

A NEW STYPTIC.—Perchloride of iron combined with collodion is a good hæmostatic for wounds, the bite of insects, etc. One part of crystalized perchloride of iron is mixed with six parts of collodion. The composition is of a yellowish-red color, perfectly limpid, and produces on the skin a yellowish pellicle, which retains great elasticity.

TAR-WATER IN CATARRH OF THE BLADDER.—The efficacy of tar is found to be indisputable in the treatment of catarrhs of the bladder. It modifies the mucous membranes of the genito-urinary organs. The urinary secretion is increased, also facilitates the exit of the urine, and causes the pains to subside, besides being prompt in its action. It is prescribed in the following doses—For injections (three times daily), one part of tar-water to four parts of water. As a drink (five times daily), a teaspoonful of tar-water to a cup of water.—*L'Événement Médicale*.

SULPHATE OF ZINC IN DYSPEPSIA.—*Dr. William A. Gillespie*, Louisa Co., Va., (*Boston Med. and Surg. Journal*), has found that, in addition to a regulated diet, in dyspepsia or chronic gastritis, the sulphate of zinc, in doses of a half grain, gradually increased to two grains, three times daily, in pill or solution, combined with opium, or extract of hyoscyamus, affords great relief. His experience with this remedy has been extensive for several years, and he thinks it as safe and sure as quinine in intermittents. The explanation of its *modus operandi* is, that it acts on the inflamed and engorged mucous coat of the stomach in the same manner that it does in ophthalmia.

BOOKS AND JOURNALS RECEIVED.

The Surgical Treatment of the Diseases of Infancy and Childhood. By T. Holmes, M.A., Cantab., Surgeon to the Hospital for Sick Children; Surgeon and Lecturer on Surgery to St. George's Hospital. London: Longmans, Green, Reader & Dyer, 1868, pp. 648,—will be noticed in next No. of the REVIEW.

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THE COLLATERAL SCIENCES.

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No. 3.

ORIGINAL COMMUNICATIONS.

Talipes, or Club Foot.*

BY EDWIN FREEMAN, M. D.,

Professor of Anatomy in the Eclectic Medical College of the City of New York.

CERTAIN deformities of the foot have received special description under the name of Talipes. Those deformities may be congenital, or acquired. The latter kind may be the sequel of some exhausting disease, or nervous affection producing a paralytic condition of nerves distributed to certain groups or a group of muscles, and an irritable condition of nerves sent to an antagonizing group. The irritable muscles not being antagonized draw the foot powerfully away from its natural position, changing the relation of its parts, and sometimes giving it a form but little resembling that it naturally has.

The contraction of the muscles is permanent, and the fasciæ become thickened and shortened as the person increases in years. The bones losing their normal relation to each other, accustom themselves to the new conditions as much as possible, change their articular surfaces, by making

* Read at the Semi-Annual Meeting of the Eclectic Medical Society of the State of New York.

new ones and obliterating old ones; and by elongating some of their ligaments and shortening others. Nature tries to make as good a substitute as possible upon the new and unnatural surface trodden upon, for the soft and cushion-like sole of the foot. But changes produced by a want of balance of the forces acting on the foot, are followed by other changes, and still further departures from the natural condition, unless the balance of forces is restored, and all antagonizing elements overpowered or destroyed.

The heel may be powerfully drawn up by the action of the gastrocnemius and soleus, the flexor longus pollicis and flexor longus digitorum muscles, so that the body will rest on the toes or extremities of the metatarsal bones, producing that deformity called talipes equinus. There may be, or may not be a want of power in the extensor longus digitorum and proprius pollicis and peroneus tertius muscles. The person has no power to put his heel to the ground. The peronei muscles and tibialis posticus may also be at fault, and contracting strongly, change the direction downwards of the anterior row of tarsal bones, thus increasing the deformity. These conditions may be produced in children by the irritation of teething, worms, wounds in the calf, scrofulous disease in the ankle-joint, or substance of the posterior muscles, or tendon, or it may arise spontaneously.

The true method of cure is, I think, such as recommended by Dr. R. Barwell, of England, viz., stimulate by frictions, electricity, and movements of the limb, the muscles that are more or less paralyzed, and make up for a deficiency of power by supplying artificial muscles, to antagonize those that contract so strongly. He thinks that that is all that is sufficient. But while it may be in many cases, I think division of tendons of shortened muscles properly performed will hasten the cure and also perfect it.

In this form of the deformity, the tendo Achillis is the one to be divided. A small sharp tenotome is to be passed under the tendon from one side to the other, puncturing the skin only on one side, with flat side toward the tendon, and when in position, turning the edge against it, and by a slight

motion, while the tendon is made tense by an assistant, severing its fibres. The foot is then to be put on a splint for a few days, and not too much extended, until the process of reparation is well begun. Extension may then be carried on by a gradual process, by any apparatus that will do it most perfectly. Those are all modifications in various ways, of Scarpa's shoe, and often answer every purpose.

Dr. Barwell has proposed and successfully used artificial muscles, made of rubber, to supply the want of power in front of the leg. They are attached to a piece of tin like a small splint, held in place by adhesive plaster, which is wrapped in successive layers around the leg. The lower extremity, or insertion of the muscle, is fastened to a link firmly connected with similar plasters surrounding the foot. By this method all the natural movements of the leg are unrestrained, allowing of development of weak muscles, and freedom of movement, which very much hastens recovery.

Another deformity, called talipes varus, consists essentially of a turning-in of the foot, so that the person walks on the outer edge, or on the dorsum of the foot.

There is, 1st, elevation of the heel as in the first instance. 2d, a contraction of the tibialis anticus and posticus muscles, drawing up the inner edge of the foot, and diminished power of those antagonizing them, as the peronei and extensors. 3d, in cases of long standing, shortening of the fascia and always much malposition of the bones of the tarsus. This form is very apt to be congenital, in one or both feet, and very bad; it is the most common of all. It may be produced by position in utero, but its cause cannot as yet be accurately determined, although the mother will attribute it to some impression during the period of pregnancy. To relieve this deformity, the tendo Achillis and tibialis anticus, and posticus, have to be cut, or either one or two of them, and other resistance overcome by orthopædic apparatus, or by the application of muscles to represent the peronei on the opposite side of the foot, which by opposing those in contraction and assisting the natural ones, gradually overcome the malposition. It will require considerable time

and much care, with any form of apparatus, until the natural direction and shape are restored.

Talipes valgus consists in an elevation of the outer side of the foot, so that the person walks on the inner side of it. There is a yielding and falling of the arch of the foot, so that the os scaphoides projects and touches the ground on its inner and under surface. There is weakness of action of the tibialis posticus, and sometimes anticus and flexor longus digitorum and pollicis muscles, and powerful action and shortening of the peroneus tertius, longus and brevis, and extensor longus digitorum muscles. These latter not being opposed, draw the outer side of the foot up, and the supports of the tarsus and the arch being weakened, this deformity results. This may be, and is frequently congenital, owing to position in utero. Or, it may be the result of nervous irritations, wounds, rheumatism, &c., as in the other forms.

It is corrected by severing the tendons of the muscles last mentioned, sub-cutaneously, and applying muscles to represent those that are weak. The tibialis posticus is especially to be supplied, and sometimes the anticus; and great care is necessary in adjusting the counterbalancing forces properly, and applying them in the right position and direction.

The fourth form of the simple varieties of deformity is talipes calcaneus. In this form, which is generally congenital, there is no loss of power of the gastrocnemius and soleus muscles, but marked contraction of the tibialis anticus, extensor longus digitorum, and proprius pollicis, and peroneus tertius muscles. The dorsum of the foot is bent to a small angle with the leg, and no part of the foot touches the ground but the heel. The tendons of the last-named muscles must be carefully severed, sub-cutaneously, and the antagonizing force applied, to bring the anterior part of the foot to the ground and enable the patient to raise the heel. A shoe may be applied for that purpose, or muscles to assist the sural muscles, whichever seems most useful in accomplishing the purpose.

There is a variety of this form called by some talipes cavus, in which there is moderate action of the anterior muscles, weak action of the sural muscles, and strong action of the peroneus longus, which draws down the front part of the foot, while at the same time the heel droops and the patient walks on the posterior part of the heel, the prominence of the heel being quite absent, and the hollow of the foot being quite deep. In this case the peroneus may need to be cut, but additional force must be given to the action of the sural muscles and anterior tibial and peroneus tertius muscles, by adding artificial ones, as well as by the application of the galvanic battery and the use of such other measures as will best accomplish that end. There are other deformities in which these simple forms are mixed, and hence are called compound forms. They are talipes equino varus, talipes equino valgus and talipes calcaneo valgus. They are produced by a combination of the causes producing the simple forms, and have to be studied well in order to adapt the proper and necessary treatment.

Sometimes a deformity will be met with, in which the foot from inflammation about the ankle joint, will, on recovery, be kept at right angles with the leg, without the ability to change that relation. This is a very troublesome deformity, occasioning lameness the same as the others. The peronei, anterior tibial, and common extensor, and perhaps other muscles will be found rigid, and these and all such must be divided. Flexion and extension of the foot should be practised several times a day, and in this way it will be gradually corrected. Where there is in any of these deformities, marked shortening and contraction of the deep fascia, as the plantar fascia, it must be severed at the most available point, before the deformity can be overcome. Pedal deformities are very common, and where it is possible should be begun to be counteracted in infancy, where it is congenital, before the bones of the tarsus become ossified or become fixed and rigid in one position. In other cases it needs a great deal of patience and diligent perseverance to correct the unnatural contractions, break up adhesions and support

the foot in the desired position. I have had under my care, for some time, a child—a patient of Dr. D. E. Smith, of Brooklyn, N. Y. He had congenital talipes varus complicated with equinus (double). The feet were twisted inward with the inner borders upward, and the heel strongly contracted. At the age of one year, he was trying to stand, but the soles of the feet were turned upward and inward, and the body rested upon their dorsal surfaces. I severed the tendo Achillis and tibialis anticus tendon of both feet subcutaneously, as they seemed most tense, and offered most resistance to the return of the feet to their natural position. There seemed to be but little tension of the tibialis posticus muscles. The feet could be readily placed in a natural position without using any force. The action of the tibialis posticus seemed to be only irregular from want of proper balancing by the peronei, which were evidently very weak. I used at first a splint to the limbs, until the tendons had begun to heal, and then applied a modification of Scarpa's shoe, with gradual reduction of the feet to the natural position. After wearing that awhile, I applied rubber muscles and a splint for attachment of the muscle over the region of the peroneus longus and brevis, the splint being secured by adhesive plaster, cut in its length, and applied from the knee to the ankle. It was re-strapped weekly, and the limbs well rubbed, and the muscles stimulated by electricity. The method was that already described. The muscles were attached to the foot by plaster, in which a link was firmly stitched. The tendon of the peroneus brevis was passed through an eyelet attached to the lower end of the splint over the malleolus. To-day the child's feet are perfectly straight, when he stands without any apparatus on them, and he rests fairly on the soles. When he runs or walks fast there is some deviation, not constant, it being first one foot and then the other, as he has not yet complete control of the muscles. A very little more care will entirely correct that. By this method the child is relieved from wearing any heavy and clumsy apparatus, while the limbs have free play, and become developed with the rest of the body. This is

very important, for there are always some weak or partially paralyzed muscles, to which strength and tone must be given, while their work of antagonizing the other muscles is done by the rubber ones.

29 Amity st., New York.

Vanity in the Medical Profession.

BY J. M. F. BROWNE, A. M., M. D.,

Professor of Physiology and Pathology, in the Eclectic Medical College of New York.

"Merit was ever modest known."—GAY.

AMONG the faults and frailties characteristic of humanity, there are none that cause more loathing and disgust than egotism and self-conceit. A modicum of these two qualities may not be objectionable—may, in fact, be necessary to the perfection of character; but that modicum should be properly controlled and always kept subordinate to more amiable traits. These weak points of character are inherent in our nature, and exercise over us an influence, the extent of which we can hardly appreciate. Constant curbing is necessary to keep them duly restrained. If a loose rein is permitted them, they soon get beyond control, and render our conduct and converse disagreeable and ridiculous.

They are usually found united in the same individual, the self-conceited man never failing to egotize if he can find an opportunity and a listener.

Egotists, it has been said, are the shallow part of mankind, and Whichcote observes, that "they that have the least reason have the most self-conceit."

This, however, may be too severe. While it may be conceded that the *really great* man is neither egotistic nor vain, it cannot be denied that both these defects have shown themselves, to an inordinate extent, in some men of no inconsiderable ability. They showed themselves in Moses, the great Hebrew leader and lawgiver, when, at Mount Horeb, the people were clamoring for water. "Hear, now, ye rebels,"

said he, conceitedly and angrily—“must *we* fetch you water out of this rock?”

And they showed themselves in Cicero—the great orator of Rome. Cicero had rendered important services to his country. He had, on the nones of December, thwarted the plans and crushed the conspiracy of Catiline. This brilliant service won for him the gratitude of the State; but his vain-glorious boasting of the achievement, and his allusion to it, on all possible occasions, soon disgusted even his friends. Brutus, thoroughly aroused by the orator's vanity, cried out, indignantly, “What! Does Cicero suppose that the Ides of March are less important than the Nones of December?”

Cardinal Wolsey is another in whom these qualities had full play. His self-conceit was unbounded, as his famous “*Ego et meus rex*” abundantly shows. “*Ego et meus rex*,” (*I and my king*) was the order of arrangement he was accustomed to use when he spoke of Henry VIII. and himself in the same connection. In the Cardinal's estimation, “*Ego*” was a much more important personage than “*rex*,” and was entitled, of course, to precedence.

Vanity and egotism have always been sufficiently conspicuous in the words and actions of men, but they are more so at the present day, perhaps, than at any time in the history of the world. There is painfully evident in a majority of men an overweening vanity—a swelling self-sufficiency—a glorification—nay, a deification of self—deplorable as it is disgusting. It shows itself in the harangue at the hustings and in the communications of “our own correspondent,” and, too frequently, is not wanting in the pious exhortations that flow from the pulpit. In the writings of physicians, also, a class of men, by the way, that ought to be as eminent for humility as for learning and skill, there is a something that savors strongly of vanity. Readers of medical journals cannot have failed to notice that it pervades many of the communications therein, particularly if those communications have been written by some of the younger children of *Æsculapius*, and purport to give a history of the treatment by them of any particular case. The tone and tenor of such com-

munications is nearly this: "In the month of May, 18—, I was called to see a lady of the most pleasing accomplishments and the most fascinating manners. She had been a sufferer for years, from what her physicians had pronounced to be dyspepsia. She had been treated by the most eminent medical men of Europe and America, and instead of improving, had become gradually worse. I examined her with great care, and found that the diagnosis of those eminent men was totally incorrect, that they had wholly mistaken the seat of her disease. I discovered that the trouble was not in the stomach, but in the duodenum—that the *circular fibres* of the *muscular coat* of the *transverse portion* thereof, were in a state of *sub-acute inflammation*! Convinced by repeated examinations that *my* diagnosis was correct, I prescribed accordingly, and had the satisfaction of seeing, in a few weeks, a marked improvement in the condition of my patient, and in three months a complete restoration to health!"

How gifted that young physician! What amazing skill! What correctness of diagnosis! It has no parallel, except, perhaps, in the history of Dr. Hornbook, who, by smelling the contents of a kale-blade, was able, as we are told by the ploughman-bard of Scotland, to diagnose the disease and prescribe the proper remedy! What a blessing to society, if the Bennetts of Edinburgh, the Virchows of Berlin, the Newtons of New York, and the Da Costas of Philadelphia, could be removed, and these skilful young Hornbooks put in their place! Disease would disappear from the earth, and Death throw aside his scythe forever!

As a general rule, the pretensions and vanity of physicians are in inverse proportion to their age and experience, but to this rule there are numerous exceptions. Some old men that have grown gray in the profession, are as full of vanity and egotism as the most pretentious young Hornbook. Some years ago, a physician, old in years and eminent in the profession, announced in a monograph, which he submitted to a certain society for consideration, a discovery which he very *modestly* characterized as "the most important discovery ever announced to our race." No one can

read that monograph without being disgusted by the self-conceited tone that pervades it. Its egotism pains and repels. It is written in a style that plainly says, "I am Sir Oracle, and my utterances cannot be questioned."

It is an evidence of greatness to be able to bear great qualities without betraying a consciousness of possessing them. The tribute paid by Macbeth to King Duncan of Scotland, was that "he bore his faculties meekly." When will the writers of the present day learn to deserve that tribute? When will they learn that mankind like to see, even in men full of years and honors, the "multum sanguinis, multum verecundiæ, multum solitudinis in ore," (blushing modesty and trembling anxiety,) that Pliny so highly extols? When will they learn that—

"In the modesty of fearful duty,
They read as much as from the rattling tongue
Of saucy and audacious eloquence"?

What a pity that our faults and follies are so often unknown to us, and that we cannot see in ourselves the imperfections so patent to others! What a pity that we cannot realize the fulfilment of Burns' prayer—

"O wad some power the giftie gie us,
To see ourselves as others see us,
It wad frae many a blunder free us,
And foolish notion."

If we could but realize the gift for which the poet prayed, of seeing ourselves as others see us, the mote in our brother's eye would not be more readily discovered than the beam in our own. Our vanity and egotism, seen by ourselves as they are seen by others, would be driven from the throne they have usurped, and made to take a place on a footstool beneath it.

52 Bond st., New York.

Cases in Military Practice.

BY T. J. WRIGHT, M. D.

IN the month of December, 1862, the 53d Regiment Illinois Volunteer Infantry went into camp near Holly Springs, Miss., and remained there for a short time before marching to Moscow, in Tennessee, its destination for the winter.

When the regiment was drawn up in line, ready to march, the commanding officer issued an order that everything which could not be conveniently transported by the regimental teams should be destroyed by fire, to prevent it falling into the hands of the enemy. In consequence of which, the articles included in the order were collected and put together in a pile, making several cart-loads of combustible material, among which was an old musket with a bent barrel, that had been picked up near camp, and being of no use, was also consigned to the flames. When the fire had got fully under way, the old musket went off; the ball in its course struck a private of the regiment, entering above the angle of the right jaw, and passed out at the mouth, doing but little damage, besides lacerating the right tonsil, soft palate and tongue, and knocking out a few of his front and back teeth.

The treatment was of the simplest kind. A piece of cotton cloth was dipped in water and applied to the orifice through which the ball entered, and changed as often as required.

The regiment, under orders, soon took up its line of march, and reached its winter quarters. The wounded soldier kept up with the regiment as if nothing was the matter with him. The wound soon closed, and with the exception of a small scar and the loss of a few teeth, no one could distinguish any difference between the soldier before the accident and afterwards.

In the spring and summer of 1863, while on duty at camp Holly Springs, a short distance below Fort Pickering, Mem-

phis, Tennessee, I had under my charge, for treatment, several exceedingly instructive cases of gun-shot wounds, one of whom was a colored boy some nine or ten years of age. While the boy was walking through the quarters early one morning, a volley of muskets was fired by the guard just relieved from duty at Fort Pickering; one of the balls of which struck the boy on the left side a short distance above the crest of the ilium. The day following, my attention was called to the case by one of my assistants. I made a careful examination of the parts with a view to ascertain the position of the ball and the amount of damage done. The point of entrance was obvious enough, but the point of exit could not be found; hence the conclusion arrived at was that the ball was retained in the body. The tenderness of the abdomen was very slight compared with the grave character of the lesion. The probability that the ball was lodged in the abdominal cavity and might give rise to peritoneal inflammation, which might terminate in suppuration or death, rendered it an interesting case.

The treatment relied upon locally, consisted of cloths saturated with cold water, which were applied constantly, night and day, with an occasional dose of *pulvis ipecacuanhæ cum opio*, to quiet the nerves and bowels.

On the fourth day after the injury, while at stool, something passed from the bowels into the vessel that made quite a noise, and induced his mother to examine the contents of the vessel, among which was found the conical musket-ball, that must have penetrated the sigmoid flexure of the colon and lodged in the bowel, which accounted for the small amount of inflammation resulting from the injury.

During the spring of 1864, a serious accident befell a private of the 64th U. S. C. Infantry. A detachment of that regiment had been on duty at Young's Point, or Millikin's Bend, La., I do not now recollect which, who were on their way to join their regiment stationed at Davis' Bend, Miss. While in Vicksburg waiting for a boat, they availed themselves of the opportunity to put their muskets in order. One of the squad had not discharged his gun, and forgetting,

no doubt, that it was loaded, made freer with it than he otherwise would have done. During his manipulations about the lock, the gun went off, and the ball entered the right side of his comrade, a little to the front and between the seventh and eighth ribs, passed through the right lung and lodged near the junction of the spine with the base of the left scapula. Some time elapsed, after the injury, before the wounded man was brought to the General Hospital, of which I then had charge. In consequence of the vast amount of blood lost, the great prostration, and his almost pulseless condition, several surgeons, who saw him, entertained an unfavorable opinion as to his recovery.

Seeing the necessity of immediate action, I applied, as soon as possible, a pledget of lint to the wound, and had it retained there by adhesive straps, and allowed him to occupy a recumbent position, in which he felt most comfortable. The entrance and exit of air, through the wound, was suspended at once, and but little blood escaped afterwards.

The great prostration of the man rendered further interference with a view to ascertain the situation of the ball dangerous, hence, he lay till the day following before a thorough examination was instituted, when the ball was found beneath the skin in close proximity with the junction of the spine with the base of the left scapula. It was cut out, and the wound closed with adhesive straps.

The treatment, at first, consisted of a little whiskey and water, followed at suitable intervals with Dover's powders. The day following his admission, cloths wet with cold water were applied and continued as long as required to the chest on the right side. For more than a week he continued to cough up blood, at first almost clear, afterwards mixed more or less with mucus and air, which gave it a frothy appearance.

This man remained nearly two months in hospital before he was discharged and ordered to report to his regiment for duty. From the time he was discharged from hospital till orders were issued, nearly two years afterwards, to muster him and others out of the service, because they were no

longer required, he discharged the duties of a soldier, and was but seldom on the sick-list.

Towards the termination of each of these cases, simple cerate was used in place of water dressings.

CINCINNATI, O.

To Eclectic Physicians.

BY WM. H. HADLEY, M.D.

Professor of Materia Medica and Therapeutics, in the E. M. College of New York.

I WISH to call the attention of physicians to a few facts that seem to me of such vital importance, that they should be urged upon the mind of every one interested in Eclectic Medicine.

Our practitioners are scattered widely over various States. In some localities they are organized into societies, in others not; but wherever they are, they cannot fail to derive great advantages from such association.

In our own State it is desirable that every Senatorial District should have such society, and that stated meetings should be held by its members. Several of the Districts now have them, and it is hoped the remaining ones will hasten to form them.

Another matter which deeply concerns us, and to which too little thought and attention has been given, is the subject of those who are to succeed us as the physicians of this country. This is a great question, one of vital import to us, to our children, and to the world. If our system of medicine is the only true, successful, and rational one, and is destined to become the one great and prevailing system of the world, why then its interests are momentous to every civilized being. How many of us are training up students to be educated for those important trusts that must soon devolve upon others than those now holding them. Who is doing his duty in this matter, and who is failing to do so? It is not a question of light moment, this one of providing an unbroken succession of eclectic physicians.

We have many excellent physicians throughout the State, men who have built up a very remunerative practice for themselves ; men who stand well and are highly prized by their patrons ; but they are passing away. Many of these have never taken suitable pains to educate students ; consequently when they are too old to practise, there will be a vacancy ; and eclectics ought not to lose a place where the system has once been fully introduced and established.

It ought to be extended everywhere, and we cannot afford to give up any ground already gained ; on the other hand we should be constantly making aggressions, ever opening new fields and carrying the blessings of eclecticism to those places where it has not been heretofore known. To do this it is absolutely necessary that students should be taught by eclectic physicians, and should be educated in Eclectic Medical Colleges.

Besides, allopaths are trying to draw the lines so strictly, as to make it almost impossible for a student reading with an eclectic, or *irregular* as they term them, to graduate in one of their colleges. Unless we wish to give up our principles, we must keep constantly increasing our ranks ; and to do this we must persuade educated and talented young men to enter upon the study of medicine, and qualify themselves for the profession. Every eclectic physician has a duty to perform in this direction. He owes it to himself, to society, and to the cause of humanity, to use his earnest endeavors to extend these blessings, as far as he has it in his power. Young men may perhaps think the profession of medicine is already full. It is not so, there is room enough and to spare ; and the calls from a great many places are, "we want a good eclectic physician here ; can you not send us one ?" Inquiries of this kind are constantly received ; we send all we can, but the cry is still for more. The better the system is known, the more it is liked, and every neighborhood, village, and hamlet is anxious to have a thoroughly educated, well qualified eclectic physician. There is room, abundance of room for thousands more, and still the demand will not be supplied. There is no profession, business or employment, that promises such in-

ducements to a young man at present, as that of eclectic medicine, and any one designing to prepare himself for any of the professions cannot do better than to enter this.

And while we are speaking of students obtaining a medical education, it naturally follows that some attention should be given to the mode and the means by which to acquire it. In laying the foundation for any pursuit, in any department of life, it is important that it be properly done, so that the superstructure may have firm base to rest upon. Therefore, to a student of medicine, it is of the first importance to attend a college where the science is thoroughly and properly taught. A young man is not making the best use of his time if he is spending it in an institution where he is enjoying but poor advantages, even if the fees are low; for the slight difference there may be in fees is but a trifle compared with the relative advantages of the lectures. We know the fees in our college are higher than in some others; at the same time we estimate the lectures are fully worth the amount charged, or they would be stated at a lower sum; as it is we believe the student is quite remunerated for his outlay by the great advantages to be obtained here in point of instruction, and the numerous other facilities to be enjoyed here in assisting his medical education. In view of the numerous hospitals where thousands of cases are annually treated, diseases of every variety can be seen, the dispensaries in every part of the city, and infirmaries for the treatment of special diseases, as of the ear and eye, there is not a locality in the world where the study of medicine can be pursued to such advantage as in the city of New York. There being here also several medical colleges, the competition between them stimulates the faculties of each to do their best to make their own prominent in point of giving the best instruction. The Eclectic Medical College of New York is, of course, comparatively in its infancy; but several of its teachers are men who are by no means novices in teaching; they have been connected with other institutions previous to being engaged in this, and I think I hazard nothing in saying that the course of instruction given in the Eclectic Medical

College of New York, will be second to that of no other in the country ; and that students will, at least, be as thoroughly and as competently taught here as anywhere else.

While the Eclectic Medical profession are enjoying what benefits may accrue from a college in the reputation it gives to our branch of medicine, it seems they are scarcely doing what their duty ought to require of them in the assistance they give to its support. The organization of the College is perfect, under a very favorable, perpetual, special charter, and it only remains for Eclectic physicians to unite their efforts in its support to make it as flourishing as any institution in the land. Seeing the grave necessity that exists to accomplish these purposes, it is hoped that no one who has the good of the profession at heart, will fail to do all in his power toward the end so much desired. It is but little for each to do, while in the aggregate, if fully consummated, it would be a monument to the principles he loves, and an enduring benefit to the world through all coming time.

111 Fifth st., Brooklyn, E. D.

Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF JAMES DAY, M. D.

[Continued from page 75.]

July 8.—Herman W——, age 19, single.

Iritis with conjunctivitis (traumatic), a fire-cracker on 4th July, being thrown from a window, exploded in close proximity to the eye, and produced the injury.

The conjunctiva in this case was very much inflamed and injected. The faintest ray of light striking the retina produced intense pain, and was accompanied by immobility of the pupil; prescribed the following :

R Zinci Sulphat. grs. ij ; Alc. Fluid Ext. Hydrastis ʒ i. ;
Morphiæ Sulphat. gr. j. ; Aqua, ʒ ij. M.

Drop into eye night and morning, and keep piece of lint dipped in same over the eye constantly, with the occasional substitution of ice water.

The patient called every day ; progress slow at first. We persevered, and at the end of a week, the eye could tolerate a little light ; the progress from this time was very rapid, and in one week more, the shade was removed from the eye, and patient discharged cured.

July 10.—Thomas B——, age 14. Impetigo Figurata. Treatment, sponge twice daily with weak sol. Carbolic Acid, apply mild Zinc Ointment at night, and take the following :

Ale. Fld. Ext. Leptandra, ʒi. ; Syr. Rhei et Potass., ʒi. M. ʒi. ter die sumend. Cured in two days.

Kate ——, sister of above, age 7, attacked at same time with same disease, gave same treatment, and it succumbed as readily. In both cases, there was undue gastric acidity, and inactivity of the intestinal canal.

July 13.—Oliver H——, age 1 year. Pemphigus.

This little patient had several patches of small bubbles filled with clear liquid ; on breaking they scaled over and finally disappeared only to reappear at some other location, a few of them showing disposition to ulcerate. Tongue coated. Ordered following :

Sat. Sol. Chlor. Potass. at 60°, Syr. Rhei et Potas., aa ʒss. ; Ale. Fld. Ext. Podophillum, ℥viij. M. ʒss. ter die.

July 20.—Reports cured.

July 24.—Frank F——, age 2 years. Cholera Infantum.

℞ Ale. Fld. Ext. Veratrum Vir., ℥xvi. ; Ale. Fld. Ext. Ipecac, ʒij ; Aquæ, ʒij. ʒss. every half hour.

℞ Ale. Fld. Ext. Leptandræ, ʒj. ; Syr. Rhei et Potassæ, ʒj. M. ʒss. every 2 hours.

July 25th.—Diarrhœa and vomiting stopped, tenderness of abdomen, with fever.

℞ Ale. Fld. Ext. Aconiti, ℥x. ; Ale. Fld. Ext. Gelseminii, ℥xv. ; Aquæ, ʒiv.

M. ʒi. every half hour, also alkaline bathing.

July 27.—Reports cured.

July 24.—Mrs. B——, age 58. Dysentery with bloody stool, painless, but frequent ; great prostration ; hiccough with flatulence ; gave powders of Dioscorein, 2 grs., Geranii,

2 grs., Opii, $\frac{1}{2}$ gr.; 1 to be taken three or four times daily, also 5 drops oil Erigeron morning, noon, and night.

28th.—No better.

Prescribed as follows:

R Tinct. Serpent. Co., 3 iij.; Alc. Fld. Ext. Geranii, 3 ij.; Alc. Fld. Ext. Dioscorea, 3 i.

M. 3 ss. to be taken every two hours.

August 5.—Reports cured.

July 24.—John H—, age 68, married. This man broke his arm some 5 or 6 weeks since, the fracture being on the lower third of the radius; he put himself in the hands of a horse-doctor, who “set the bone.” He presented himself to us with the arm in a sling; hand and wrist œdematous, very little motion, and that attended with great pain, more especially in the region of the posterior annular ligament. Some inches below the fracture, excessive tenderness on pressure; cannot use the extensors of the forearm, also considerable tenderness with enlargement of the deltoid, just at its insertion. Used—

Ammoniated Tinct. of Iodine, as a paint over the whole surface, and repeat daily. 23d. Can move the wrist a little more freely, especially on radial side.

24th.—Improvement so rapid, patient says, “God bless you!” 25th. Œdema almost gone, motion much better. 27th. Still improving, good motion in all fingers. The greatest difficulty being with the thumb.

August 5.—Patient uses the hand freely, still continuing treatment.

July 24.—Sarah G.—, age 28. Severe irritation of bladder and kidneys, with scalding and partial suppression, incident to some uterine trouble.

R Tinct. Serpent. Comp. 3 ij.; Alc. Fld. Ext. Hyoscyami, 3 ss.; Alc. Fld. Ext. Gelsemini, 3 ss.; Alc. Fld. Ext. Agri-monii, 3 iij.; Glycerine, add 5j. 3j every 2 hours.

Entirely relieved after 4 doses.

July 30.—Ellen D—, age 27. Single. Masked ague. Been sick about 5 weeks; severe head and back ache, with dizziness and pain over eyes; very weak and nervous; no

appetite; bowels act 3 times a week; tongue heavily coated.

℞ Alc. Fld. Ext. Podophilli, ℥xl.; Alc. Fld. Ext. Lep-
tandra, 3 iss.; Syr. Rhei et Pot., ʒi. 3i nocte et mane.

After the bowels have acted thoroughly, commence with the following pill:

℞ Quinæ Sulphat. gr. xxiv.; Ferri Ferrocyanidi, gr. xxij.;
Pulv. Capsici, gr. vi.; Ext. Taraxaci, gr. ss. M. ft. pilul. xxiv.
ij. ter die capt.

August 6.—Pain and dizziness entirely relieved; tongue clean; appetite still poor and very weak. This is one of those cases in which an isolated principle (Quinia) has done its work as an anti-periodic, but is unable to fulfil the indication of a permanent tonic; Peruvian bark would have supplied the necessity, or, what is vastly superior, Hydrastis; we prescribe it as follows:

℞ Alc. Fld. Ext. Hydrastis, 3 iij.; Alc. Fld. Ext. Lep-
tandræ, 3 iij.; Alc. Fld. Ext. Apocyn. Andros., 3 ij.; Alc.
Fld. Ext., Xanthoxyl. 3 iss.; Syrupi Simplicis, ʒj. 3j. ter
die.

August 13.—Appetite and digestion normal and rapidly gaining strength. Discharged.

August 6.—Mrs. C——, age 39. Widow. Leucorrhœa Vaginal; always enjoyed good health; lifted a sick woman some time since; felt something give way, and leucorrhœa obtained; has continued ever since (some months); discharge producing ulceration of vulva, and irritation of the external parts.

℞ Zinci Sulphi. gr. lx.; Alc. Fld. Ext. Hydrast., Gly-
cerine, aa ʒi.

M. 3 ij. in Oij. water, to be injected twice daily. Dis-
charge entirely arrested the second day, and no return at
present time.

August 3.—Kate McN——, age 22. Single. Bilious
colic. Frequent bilious passages with tenesmus; vomiting
with flatus; nausea and retching, after the stomach was
evacuated, producing symptoms of cerebro spinal congestion.
Some tympanitis, with excessive tenderness of both small

and large intestine, especially in region of transverse colon; irritation of kidney and bladder, with retention and suppression; pain in the course of the ureters.

Drew off the urine, small in quantity, but loaded with bile; applied hot fomentations over the abdomen and pubes; gave internally to arrest vomiting and allay spasms, the following:

Alc. Fld. Ext. Gelsemini ℥xx.; Alc. Fld. Ext. Dioscorea, ℥xi.; aquæ, ℥ij. 3i. every 15 minutes until relieved. No vomiting after 1st dose, after 4th dose all spasms ceased, and flatus subsided; slept for half an hour.

R Alc. Fld. Ext. Agrimonii, ℥ss.; Hyoscyam., ℥ij.; Tinct. Serpentaria Co., ℥ss. 3ss. every hour until suppression of urine is relieved; the Gelseminum and Dioscorea to be kept up between doses; after third dose, patient slept well; on awakening passed large quantity of urine; irritation of bladder gone, and less tenderness in region of the kidneys; severe headache still remains, with distress in right side, and gastric region passing to shoulder; gave Pulv. Jalapæ Co., gr. xxx.

August 5.—Powder acted well, all symptoms moderated; considerable soreness of intestinal canal; tongue coated; repeat powder.

August 6.—All irritation gone; tongue clean; stomach and intestines sore; pulse 60, and soft; slept well last night; very weak.

R Alc. Fld. Ext. Hydrast. 3ij.; Alc. Fld. Ext. Xanthox., 3iss.; Alc. Fld. Ex. Dioscorea, 3ii.; Alc. Fld. Ext. Gentianæ, 3ij.; Glycerine, 3vi. 3ss. every 3 hours, increasing gradually to 3i., with generous supply of beef tea; patient up and out the following day.

PERISCOPE.

Syphilis.—On some Exceptional Modes of the Transmission of Syphilis.

In a paper on this subject, read before the Med. Soc. of London, "Mr. Victor de Méric urged the value of etiological investigations that are easily undertaken in cases of communicable diseases. Though the history of the propagation of syphilis is generally well understood, there is yet much obscurity as regards some modes of its transmission, and especially as to the phenomena following contamination by secondary manifestations; moreover, at the outset it is difficult to understand why primary lesions affect certain parts of the generative organs in preference to other parts equally exposed. The evidences of contamination are usually slight—so slight sometimes that we fail to discover them. The author related seven examples to illustrate his remarks, which are briefly as follows: 1. A lady, aged 60, infected by her grandchild. 2. A gentleman of 40, covered with secondaries, no trace of primaries ever manifest. 3. Wife, aged 23, communicating disease to husband by buccal symptoms, no affection having followed cohabitation. 4. Mucous tubercles on vulva of girl, psoriasis palmaria following, no initial symptoms. 5. Insidious secondaries in young girl, habitually watched and examined, no primaries. 6. Unexplained mucous signs in anal region of child. 7. Severe syphilis in a newly married lady, husband ever free from disease. Mr De Méric concluded by stating that we should not (at once) attempt to explain exceptional cases by uncharitable surmises, but study the facts indicating unusual modes of transmission of which experience convinces us.

‡ "Mr. Henry Lee advanced an important theory, to which observation had led him—that pregnancy seems to awaken a power of transmission in the dormant virus, as if the disease germs, under such new condition, attained a higher vitality. The author replied, and in answer to Mr. Levy, stated his opinion, that the assumption of a urethral chancre was not a feasible explanation of doubtful cases, for such could scarcely exist without local symptoms leading to its discovery."—(*The Medical Press and Circular*).—*Dental Cosmos*.

The Danger of Mercurials.

DAVID S. H. SMITH, M.D., L.R.C.S., Edin., says: No therapeutical agents have been used so extensively and in

so great a variety of diseases as the preparations of mercury, yet none, *on the whole*, have yielded less satisfactory results. It is related of Mr. Colles, of Dublin, that he advised his pupils to give calomel whenever they were in doubt as to what medicine to prescribe. Unfortunately for the health of the public and the credit of the profession, the advice has been strictly followed by numerous practitioners who never heard of Mr. Colles.

It has been laid down as a maxim almost infallible, that in mucous inflammations our sheet-anchor ought to be tartarized antimony; in serous inflammations, mercury. The rapid absorption of the lymph effused upon the anterior surface of the iris in syphilitic inflammation of the eyeball, as soon as the gums become tender under the use of calomel, has been considered a sufficiently important fact to warrant the application of the same remedy to all inflammations attended with the effusion of coagulable lymph. The deductions from this important fact have been false, and have led to numerous errors in practice. The effusion has been caused by the presence in the blood of a foreign body—the syphilitic poison. The mercurial preparation has stimulated the various excretory organs to such a degree that they have eliminated the foreign body from the system. The irritant being removed, no more lymph is effused, and that which has been effused becomes speedily absorbed. It by no means follows that because calomel cures a serous inflammation dependent upon a syphilitic taint, it will therefore cure a serous inflammation dependent upon any other cause. Such a belief is fraught with the greatest danger in practice; for although in a serous inflammation the mineral diminishes the amount of lymph effusion, it does so by impoverishing the blood, by diminishing the fibrine a third, the albumen a seventh, and the other solid constituents a sixth. The blood being diminished in plasticity, a tendency in it towards serous effusion becomes developed. It is in inflammations of serous membranes, the pleura, the pericardium, and the peritoneum, that we prescribe a medicine which directly promotes that which we desire most to avoid—the effusion of serum. There is no doubt in my mind that many cases of hydrothorax and of hydropericardium have been brought about by the lavish and injudicious use of calomel. Opium, in large doses, has been found most potent for good in peritonitis. I have found it very beneficial in pleurisy. Practitioners will, at no distant day, lose their their dread of the drug in meningitis and in pericarditis.

In conclusion, then, let me draw the attention of the pro-

fession to the important fact we have developed, that we prescribe, even to the saturation of the system, a medicine which directly promotes that which we least desire—the effusion of serum. Opium and its alkaloid act most beneficially in all cases (except the syphilitic) in which our textbooks advise us to use mercurial preparations.—*Boston Med. and Surg. Journal.*

Petrification of the Human Body.

W. P. BAIN, M. D., writes as follows to the *Lancet*, on the subject of Dr. Marini's preparations of the human body:

Having handled some of his preparations in Florence last autumn, I am able to say that he is the inventor of a mode of turning the human body or any part of it into stone, in any attitude that may be desired. I inclose the photograph of a senator of the Italian Parliament taken four months after his decease, in which he is represented seated in his chair, with his clothes on, just as when alive, his eyes retaining in an astonishing degree the vivacity of life. I also inclose the photograph of a table, the slab of which is formed of pieces of the human body—brain, muscles, &c.,—all turned into stone, and which, when struck by me, sounded as a marble table. I also inspected a lady's foot, likewise petrified, and which had every appearance of marble, until upon close inspection the texture of the skin was apparent. Dr. Marini showed me, too, some specimens of the human body, which were in a moist and perfect condition, preserved for years. He assured me also that the week before, he had dined off a duck which had been killed months previously. The foot of a mummy was in his apartment at the time of my visit, in which the color assumed that of life, and the toes were perfectly flexible.

I am perfectly certain that these inventions are genuine, and of high value; and when Dr. Marini arrives here, I hope to be able to introduce him to the heads of the profession. The Emperor of the French, with his usual tact, has expressed himself warmly to Dr. Marini in approbation of his inventions.

Croup Treated by Sulphur.

M. LAGAUTERIE (*Half-Yearly Abstract*) gives in croup teaspoonful doses, every hour, of a mixture of sulphur and

water (a teaspoonful to a glass of water) with effects which he describes as wonderful. The cure, in seven very severe cases, was accomplished in two days, the only symptom remaining being a slight cough. An observation of the effect of sulphur on the oidium of vines, led to its use in croup.

A Wonderful Skull.

At a meeting of the Massachusetts Medical Society held recently, Dr. John M. Harlow reported the following remarkable case :

On the 13th of September, 1848, Phineas P. Gage, foreman of a gang of men engaged in blasting a deep cut in the continuation of the Rutland and Burlington road, had a tamping iron blown through his brains, and recovered within sixty days, living twelve years after. The case caused great discussion when reported by Dr. Harlow in the medical journals at that time, and it was largely disbelieved, many eminent surgeons declaring the occurrence, as described, to be a physiological impossibility. Dr. Harlow, in presenting the paper, justly said, "that it is due to science that a case so grave, and succeeded by such remarkable results, should not be lost sight of; and that its subsequent history should have a permanent record."

Gage was a perfectly healthy, strong and active young man, 25 years of age, of nervo-bilious temperament, $5\frac{1}{2}$ feet in height, average weight 150 pounds, possessing an iron will, as well as an iron frame; muscular system remarkably well developed, having had scarcely a day's illness from childhood up.

As described in the paper read, it appears that a drilled hole had been charged with powder, and he was about tamping it in, (or, more popularly, ramming it down,) when his attention was called for a moment. Looking over his shoulder at his men, he at the same moment rammed down the iron, supposing his assistant had poured sand on the powder, as is the custom. The iron struck fire from the rock, the charge exploded, and the iron was driven up into his cheek and out of the top of his head, high in the air, and was afterwards found several rods distant, smeared with blood and brains.

The tamping iron was $3\frac{1}{2}$ feet in length, $1\frac{1}{4}$ inches thick, and pointed at one end; the taper being seven inches long, and the diameter of the point a quarter of an inch. It

weighed thirteen pounds. The point was upward, and the iron smooth.

The missile entered, by its pointed end, the left side of the face, immediately anterior to the angle of the lower jaw, and passing obliquely upward and slightly backward, emerged out of the top of the head in the median line, at the back part of the frontal bone, near the coronal suture. The ordinary reader will understand it better, if we say that, pointing upward, it entered the cheek outside the teeth, and under the cheek bone, went inside an inch behind the eye, and out of the top of the head in the centre, two inches back of the line where the forehead and hair meet.

The patient was thrown on his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. He was taken three quarters of a mile in a sitting position in a cart; got out of the cart himself with the aid of his men, and an hour afterward, with the assistance of Dr. Harlow holding his arm, walked up a flight of stairs to his room. He was conscious, but exhausted from loss of blood, which found its way from the mouth into the stomach, and was ejected as often as every fifteen or twenty minutes by vomiting. His bed and person were soon a gore of blood.

One piece of the skull had been broken out in fragments; another piece was raised and thrown back, like a door, the scalp serving as a hinge; and on the opposite side of the wound there was another fracture and an elevation. The globe of the left eye was partially protruded from its orbit, the left side of the face was more prominent than the right. The opening in the skull was two inches wide by three and a half long, and the brain was hanging in shreds on the hair. The pulsation of the brain could be distinctly seen, and the doctor passed his finger in its whole length without the patient saying he felt pain.

The paper gives an account of the treatment of the case. In forty-nine days the patient was abroad. On the third day there was inflammation and some delirium; and during several weeks there was occasional delirium: for two weeks of the time the patient lay in a stupid condition, and his death was expected and his grave-clothes prepared. On the 25th of November he went in a close carriage thirty miles to his home in Lebanon.

The subsequent history of the case is interesting. Gage came back to Cavendish in April, in fair health and strength, having his tamping iron with him, and he carried it with

him till the day of his death, twelve years after. The effect of the injury appears to have been the destruction of the equilibrium between his intellectual faculties and the animal propensities. He was now capricious, fitful, irreverent, impatient of restraint, vacillating, a youth in intellectual capacity and manifestations, a man in physical system and passions. His physical recovery was complete, but those who once knew him as a shrewd, smart, energetic, persistent business man, recognized the change in his mental character. The balance of his mind was gone. He used to give his nephews and his nieces wonderful accounts of his hairbreadth escapes, without foundation in fact, and conceived a great fondness for pets.

He went to various places, being engaged here and there; was a year and a half in charge of horses at a livery stable; was exhibited at Barnum's Museum in New York; and in August, 1852, four years after his injury, left New England forever, and went to Valparaiso with a man who was going to establish a line of coaches. Here he lived eight years, occasionally driving a six horse coach, and enduring many hardships. In 1859 his health began to fail; in 1860 he had a long illness, the nature of which cannot now be ascertained.

He now left Chili, and Dr. Harlow lost all trace of him for some years, but finally found out that the mother and sister were in San Francisco, wrote to them, and ascertained that Gage had got there in 1860; worked with a farmer at Santa Clara, and in February, 1861, was taken with epileptic fits; afterward he worked in several places; and finally in May, 1861, had a succession of fits, which lasted a couple of days, and carried him off. There was no autopsy made. Dr. Harlow made overtures for the possession of the skull, on account of its scientific interest, and the world at large is under obligation to the relatives, who were willing to surrender it for the uses of medical science. It appears that the man could see out of his left eye, though the lid was not fully subject to the will; that he was troubled with uneasiness in the head.

Dr. Harlow, in summing up his valuable and interesting paper, presented these views: 1st. The recovery is attributed solely to the *vis vitæ*, *vis conservatrix*, or, if some like it, *vis medicatrix naturæ*. 2d. This case has been cited as one of recovery; physically the recovery was nearly or quite complete for the four years immediately succeeding the injury, but ultimately the patient succumbed to progressive disease of the brain. Mentally the recovery was only

partial; there was no dementia; intellectual operations were perfect in kind, but not in degree or quantity. 3. Though the case may seem improbable, yet the subject was the man for the case, as his will, physique, and capacity for endurance could scarcely be equalled; the missile was smooth and pointed, dilating and wedging off rather than lacerating the tissues; the bolt did little injury till it entered the base of the brain, and that opening served as a drain for the blood and matter, and other substances that might have caused death by compression; the part of the brain traversed was the strongest for that purpose.

Dr. Harlow had with him and exhibited the skull and the iron.

The piece of skull, which was thrown backward like a door, and was afterward replaced, had grown to the opposite edge by a new formation of bone, plainly marked; the holes were large and well defined; and the whole appearance of the skull proved the truth of the account; which has also been verified by letters from some of the first men at Caven-dish, Vt. It appears that, early in the history of the case, a number of fragments of bone came down into the mouth through the opening in the inside, and were voided.

A great deal of interest was manifested in the examination of these important contributions to surgical science, and Dr. Harlow was abundantly complimented for the persistence with which he followed up the case for nearly twenty years. —*Med. and Surg. Reporter.*

Epidemic of Eruptive Diseases.

DURING the last month or six weeks an eruptive diathesis has developed itself suddenly on the Pacific Coast. Scarlatina and measles came first, and then small-pox. Children on the steamers from Panama were attacked with the two former, somewhat prior to the appearance here of those disorders. The small pox made a sudden irruption, and threatened a serious visitation, but began to subside speedily. A large proportion of the cases were fatal, including several of varioloid—or in other words, small pox after vaccination or variolation. The measles too have been and continue to be very severe, not only in their ordinary sequelæ, but in the primary form, constituting what is sometimes called *black measles*. At Sacramento and other remote points, the same epidemic influence is in operation. The mortuary list in

San Francisco mounted from 45 to 69 in a single week. Such a rapid development of disease points to a critical condition of the public health in relation to other possible epidemics—cholera for instance,—and indicates the propriety of sanitary precautions.—*Pacific Med. and Surg. Journal*.

The Effects of Light upon Chloroform.

SOME time since, a death occurred at Winona, Wis., from the inhalation of chloroform. During the progress of the coroner's investigation it was asked if light would decompose chloroform, and if so, what time was required to render the decomposition apparent. On these points Dr. Youmans (*Dental Register*) says: "At the time the chemical examination of the chloroform was going on, a fresh bottle, represented as belonging to the same invoice as that used by Dr. Welch, was obtained from Mr. Wickersham, and also subjected to examination. This presented nothing extraordinary in appearance and was found to be perfectly pure. At the close of the inquest it was left standing upon the table, near a window, in a private room in my office, where, for a portion of the day—from about nine o'clock until twelve—it was exposed to the direct rays of the sun. I took no particular notice of it further than an occasional glance, until one day—the twenty-fifth, I think, from the time of bringing it to the office—I observed upon the bottom of the inside of the bottle a greenish appearance which at once arrested my attention. Struck by the similarity of color between it and the foreign substance present in the chloroform which came from the office of Dr. Welch, I immediately dipped into the bottle a slip of test paper, and found the contents to be distinctly acid. A day or two after I observed that a greenish-colored fluid was collecting upon the surface of the chloroform; and this has since gone on accumulating until now it forms a kind of ring nearly a quarter of an inch thick, adhering to the sides of the bottle, and floating upon the surface. I have tested this chloroform carefully, and find the new substance to be hydrochloric acid."—*Pacific Med. and Surg. Journal*.

Cupping Glasses in the Treatment of Anthrax.

M. FOUCHER adopted the following method of treating a case of anthrax. It was as large as an egg and situated in

the left dorsal region, on a level with the spine of the scapula. He procured a cupping glass about an inch and a half in diameter, and adapting to it the pump, he placed it over the carbuncle and exhausted the air. The cup filled quickly with sanious pus and shreds of tissue; he left it on for some moments, when upon taking it away the pain disappeared and the tumor was emptied of its contents. He applied the cup three successive days; each time all organic detritus was removed from the tumor, and the third time the integument over the part came away, leaving a healthy exposed surface, perfectly clean, and commencing to be covered with healthy granulations. The borders of the wound were irregular, sharp, and elevated, and suppuration was normal. The dressing consisted of poultices, and the wound proceeded to a speedy cure.—*Benchordat's Annual Abstract.*

EDITORIAL.

To the Friends of Eclectic Medical Education.

THE Winter Session of the Eclectic Medical College of the City of New York, will *commence its preliminary* course the 1st day of October, and the *regular course* on Tuesday the 13th day of October, and continue sixteen weeks.

It is also contemplated to hold another session in the Spring, of fourteen weeks, to begin at the close of the winter session.

The advantages afforded for medical education in this city are not excelled anywhere on the western continent. Besides the instruction to be obtained from their professors, students are also entitled to access to the several hospitals and dispensaries, including the emigrant hospitals and other institutions under charge of the State Commissioners of Emigration.

The principles of medicine and surgery taught at the Eclectic Medical College, are those which are generally held by all believers in the Eclectic practice of medicine. They allow and require the fullest investigation, and provide that that investigation shall be untrammelled by any prescribed code or system of ethics; and at the same time enjoin the disuse of every agency, claimed to be remedial, which is liable to inflict permanent injury on the human constitution. The result has already been shown in the introduction of new medi-

cines, generally obtained from indigenous plants, which have been safer, more successful, and in all respects preferable to those embraced in the *Materia Medica* of the old school. No school of medicine in either hemisphere has discovered and applied so many important new remedies as the Eclectics of North America; and this is attested by the voluntary testimony of the most reputable medical journals of Europe, as well as by the fact that many of them have been adopted in the practice of "regular" physicians in this country under pretense of having been discovered by them. Chemical science is rapidly increasing the number, and thus keeping the Eclectic practice as a healing art and a learned profession, far in advance of all rivals. Instruction in an institution where this practice is fully taught is, therefore, essential to the student who desires in good earnest to be an intelligent and a successful practitioner.

It is the aim of the Eclectic Medical College of the City of New York, to fulfil all these indications. The most careful and critical instruction will be daily given by an accomplished faculty; the best opportunities afforded for clinical instruction by the professors, and at the numerous hospitals; the most approved text-books will be used; and in short every facility will be furnished at the command of the Institution. No other Eclectic College, east of the Alleghany mountains, has the same claim upon public confidence.

At the meeting of the Board of Trustees of this Institution, held on the 19th of June, the following resolution was adopted:

"Resolved, That female students be educated in the Eclectic Medical College of the City of New York, upon the same conditions as male students."

This is no innovation. It has been done in the Universities of Zurich, in Switzerland, of Hesse and other cities of Europe. It has been the policy generally adopted in Eclectic Medical Colleges in this country, and with the most favorable results. The women who have become physicians, have fully equalled their masculine confreres in reputable, successful and remunerative practice. The sentiment of the age is fast determining in favor of female practitioners; and it has become unnecessary to defend their claim to labor in this department of usefulness. For an obsolescent foggyism, unjust discrimination between persons, and narrow professional prejudice, there can be no rightful place in a school of Reformed Medical Practice.

Such are the principles and policy of this Institution. We can magnify the Eclectic Medical Profession, and perpetuate it as a re-

putable system of practice, only by the most thorough instruction of its members. With this view, this college was established; and we now appeal to the friends of Eclectic Medicine everywhere, as they value its success and favor its dissemination, to add their endeavors for the maintenance of this institution.

By order of the Board of Trustees.

ALEXANDER WILDER, M.D.,
President.

JOHN F. CLEVELAND, Secretary.

Missisquoi Water.

THE country is now almost completely inundated with pamphlets and advertisements extolling the superior efficacy of mineral waters in almost every variety of disease. One might suppose from the amount of evidence brought forward to support their claims, that there was in mineral waters a panacea for every ill that flesh is heir to. This evidence comes not alone from parties immediately interested in the sale of these waters, but physicians and chemists of high standing, infected by the too common infirmity of an inordinate desire to have their names in print, bear witness to their remarkable composition and marvellous virtues. One physician of this city, whose prominent connection with a medical institution should be a sufficient guarantee of respectability, certifies to having cured twenty cases of malignant cancer of the uterus by the use of Missisquoi water. We cannot too strongly condemn the practice of physicians appending their names to such shameless and extravagant certificates. That some mineral waters possess remedial virtues, we do not question, because they are impregnated with certain substances of acknowledged medicinal value, but statements imputing to them such wonderful virtues and claiming their efficacy in such diverse, and directly opposite, conditions are too absurd to be for a moment entertained.

The best proof of the generally worthless character of mineral springs may be found in the fact that most all of them after enjoying a brief run of popularity, sink into comparative obscurity, until perhaps in a few years they are again revived by some enterprising speculator. As an illustration of this, we notice in a recent exchange that of a dozen mineral springs in Ohio, which have been extensively advertised during the last ten years, all of them have failed.

Many cases in which the Missisquoi water has been used, have come under our observation, and in none of them was it productive

of the least benefit. Any one examining the chemical constitution of this water, and observing how minute the proportion of saline ingredients, unless he be a devout believer in infinitesimals, would be at a loss how to explain the wonderful effects that are claimed for it.

SUGAR-COATED PILLS.—Bullock & Crenshaw, of Philadelphia, whose elegant and reliable preparations we have before called the attention of our readers to, are now putting up many of the Eclectic Resinoids in sugar-coated form. We have for some time past used the Podophyllin and Leptandrin so prepared. They have now given us Gelsemin, $\frac{1}{8}$ gr.; Helonin, $\frac{1}{10}$ gr.; Macrotin, $\frac{1}{10}$ gr., all of which practitioners will find convenient in form and certain in action.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

THE SURGICAL TREATMENT OF THE DISEASES OF INFANCY AND CHILDHOOD. By T. HOLMES, M. A., Cantab., Surgeon to the Hospital for Sick Children, Surgeon and Lecturer on Surgery to St. George's Hospital; Surgeon-in-Chief to the Metropolitan Police, etc., etc., London: Longmans, Green, Reader & Dyer, 1868. 8vo. pp. 648.

THERE has long been an admitted want of a comprehensive and systematic work on the surgical treatment of the Diseases of Children. Dr. Holmes, widely celebrated on both sides of the Atlantic, as a surgeon and writer, has endeavored in the work before us, to supply this want. The rich mine of facts contained in this volume, and the compendious and practical form in which they are presented, is sufficient proof, if any were needed, of the author's eminent fitness for the task.

There has been much written in regard to the surgery of children, but these contributions are scattered over a large number of medical works, many of them not accessible to the general practitioner. Dr. Holmes has collected all the valuable material that existed from these various sources, and has added to them the results of his own extensive experience. His connection with the Children's Hospital as Surgeon-in-Chief for so many years, has afforded him peculiar advantages for studying the subject, and the character and practical value of his observations proves that he has made the best possible improvement of his opportunities.

The work is divided into three parts. Part I., treats of Malformations, Part II., of Injuries, and Part III., of Diseases. In the consideration of Malformations, the author does not enter into any

ingenious speculations in regard to the causes of these affections, or the pathological processes through which they are produced, but confines himself to suggestions and rules which may serve as a guide to their surgical treatment. Each of these divisions is treated in a thoroughly able and practical manner. The nature and importance of the different injuries and diseases are fully discussed. When surgical interference is required, the most approved method of operating is described and the various steps in the procedure are fully and clearly detailed.

We could not hope in a simple notice to give anything like an adequate idea of the valuable contents of this work. We would advise each of our readers to procure it for himself.

The work is illustrated with 95 well executed wood-cuts, and quite a number of fine chromo-lithographs. The very handsome and attractive style in which the work has been presented is highly creditable to the publishers.

CONSUMPTION, BRONCHITIS, ASTHMA, CATARRH, AND CLERGYMAN'S SORE THROAT, successfully treated by Medicated Inhalations. Comprising all the recent Improvements in this mode of Practice, with the remedies used. By H. P. DILLENBACH, M.D. Illustrated with cases and engravings. Second Edition, enlarged and revised. Boston, 1866.

In this work the author endeavors to establish the superior efficacy of medicated inhalations in throat and pulmonary diseases. The use of inhalations is by no means a novel mode of treatment, but it is only comparatively recently that the attention of medical men has been so prominently directed to it as a remedial agent. There is, no question but that much good may be derived from local applications in diseases of the air-passages, especially when combined with judicious general treatment, but we are far from giving our assent to the almost universal applicability claimed for it by Dr. Dillenchbach. Like too many specialists, he urges the claims of his peculiar method of treatment with more pretension than its real value warrants, and neglects other, and in many cases, much more efficient means.

The first part of the work is taken up with a consideration of the diseases in which medicated inhalations may be employed with advantage, while the latter part is devoted to the detail of cases demonstrating the curative power of medicated inhalations in Consumption and other diseases of the respiratory organs. The author's style is clear, conspicuous, and the book a very readable one. It is substantially bound, printed on beautiful paper, and is a model of typographical neatness.

DENTAL MATERIA MEDICA. Compiled by JAMES W. WHITE, Philadelphia. Published by Samuel S. White, 1868.

THIS little work embraces a consideration of those medicinal agents and preparations in most frequent use by the dental profes-

sion. Without attempting anything like a complete notice of the various articles with their physical properties, physiological and therapeutic action, the author merely mentions their dental uses and the general indications for their employment. Many valuable facts not otherwise readily accessible, are here presented in a condensed and available form, and from its convenience and admirable arrangement will, no doubt, prove very acceptable as a work of reference to the dental practitioner.

NEWS AND MISCELLANY.

OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

THE fourth annual meeting of this Association was held in the hall of the E. M. Institute, in Cincinnati, May 27th and 28th.

The meeting was called to order by the President, Prof. John King. Minutes of last meeting were read and approved.

The chair then appointed the following Committees :

Committee on Permanent Organization.—Drs. Potter, McCarthy and Branstrup.

Committee on Next Place of Meeting.—Drs. Sidwell, Butcher and Wright.

Committee on Selection of Essays.—Drs. Scudder, Jones and Merrell.

The report of the Treasurer showed the finances of the Association to be in a healthy condition.

The Committee on Permanent Organization made the following report, which, on motion, was accepted.

President: T. J. Wright, M.D., of Cincinnati.

Vice-Presidents: Wm. S. Merrell, M. D., of Cincinnati, and Wm. H. Jones, M.D., of Jeffersonville.

Recording Secretary: J. P. Marvin, M.D., of Cincinnati.

Corresponding Secretary: J. M. Butcher, M. D., of North Lewisburg.

Treasurer: Prof. J. M. Scudder, M.D., of Cincinnati.

At the request of Dr. Butcher, Dr. Anton's name was substituted in the place of his as Corresponding Secretary.

The newly elected officers were then installed, and the thanks of the Association tendered those retiring.

Committees appointed at the last meeting were then called on for reports.

Committees on Revision of the Pharmacopœia reported that they had done nothing material.

The following resolution was submitted by Dr. Merrell, and adopted by the Association :

"Resolved, That the Committee on Revision of the Pharmacopœia

be continued, and that they also report annually on the progress of Pharmacy."

The Committee was increased by three members. It consists now of Dr. Wm. S. Merrell, Dr. S. H. Potter, Dr. T. L. A. Greve, Dr. Abner Thorp, Prof. J. F. Judge and Prof. John King.

Committee on the Petition to Congress reported progress.

Dr. A. J. Haughton, of Buffalo, N. Y., being present, was invited to participate in the proceedings of the Association.

Dr. W. H. Jones, of Jeffersonville, read the report of a case of Vesico-Vaginal Fistula, which he was requested to furnish the Secretary for publication.

Dr. S. H. Potter, of Hamilton, then gave a very interesting report of an obstetrical case in his knowledge, which resulted in Vesico-Vaginal Fistula, from a neglect of the attending physician to have the bowels evacuated and urine passed before labor pains came on. The bladder had not been emptied for thirty-six hours, and the bowels had not been evacuated for four or five days.

The following, from Prof. Scudder, was then read by the Secretary.

Prof. Scudder offers, as a prize for the best essay, on a medical subject, to be presented at the next meeting of this Association, the complete publication of the Eclectic profession in this city, bound in library binding, half sheep—King's Chronic Diseases, King's Obstetrics, King's Diseases of Women, King's Dispensatory, Jones's and Scudder's Materia Medica, I. G. Jones' Practice, Scudder's Practice, Hill's Surgery, Scudder's Diseases of Women, Scudder's Principles of Medicine.

To be open to competition for all Eclectic physicians in the United States.

Each essay to bear some motto, and a sealed envelope, enclosing the writer's name and address, bearing the same motto, to accompany it.

All essays to be at the disposal of the Association, and to be sent to the Secretary.

A vote of thanks was given Prof. Scudder for his liberal offer.

Dr. Abner Thorp, of Cincinnati, read a very interesting paper on "Modern Pharmacy."

Dr. T. L. A. Greve was continued for an essay on a subject of his own selection.

Prof. Scudder made a verbal report on "ulceration of the os uteri," and was requested to prepare it for publication.

One thousand copies of the Proceedings for the present year were ordered to be printed.

Prof. Scudder made the painful announcement of the death of Prof. C. T. Hart, of New York. A committee was appointed to draw up appropriate resolutions.*

The Committee on Essays made the following report, which was accepted :

* Published in August No. of Review.

Surgery—Prof. A. J. Howe.

Diseases of Women—Dr. W. H. Jones.

Diphtheria—Dr. W. M. Ingalls.

Practice—Dr. James Anton.

Address by the President, Dr. T. J. Wright.

Dr. Merrell, by request, read so much of his paper on Medical Theories as he had been able to prepare, and was requested to finish it for publication.

Dr. Marsh presented the following resolution, which was adopted :

“Resolved, That a committee of five be appointed by the chair, whose duty it shall be to address a circular to all Eclectic physicians in Ohio, setting forth the claims of this Association, and requesting their attendance at our next session.”

Drs. Marsh, Sidwell, King, Newton and Scudder were appointed as that committee.

Dr. Barnstrup moved that a phonographic reporter be employed to report the proceedings of the next annual meeting. Carried.

On motion of Prof. King, a vote of thanks was tendered the President for the admirable manner in which he had presided over this meeting.

On motion, the Association adjourned until the next annual meeting.

J. P. MARVIN, M.D., Secretary

INDIANA ECLECTIC MEDICAL ASSOCIATION.

FIRST DAY'S PROCEEDINGS.

THE Fourth Annual Meeting of the Eclectic Medical Association of Indiana, commenced in the Senate Chamber at the State House, Tuesday, June 2, at 2 o'clock. The Association was called to order by the President, Dr. J. A. Ridgeway. After calling the roll, on motion, the reading of the minutes of the last meeting was dispensed with.

On motion, Drs. Ellis, Pickerill, Jones, Abbet, and Siddall were appointed a committee to nominate officers for the ensuing year.

On motion, Drs. Fisher, Jay, and Siddall were added to the Board of Censors.

Dr. Bartholomew, chairman of the Board of Censors, reported the names of Drs. A. Miessie, Noblesville; Nelson G. Smith, Delphi; S. H. Riley, Greensburg; Joseph Adolphus, Logansport; L. Frazee, Perrysville; Sanford T. Clark, Russelville; and J. L. Grinnell, Morgantown, as persons qualified to become members of the Association. The above named candidates were duly elected.

On motion of Dr. Pickerill, Dr. Thorp, of Cincinnati, was elected an honorary member of the Association.

The reading of essays being announced in order, Dr. Bartholomew proceeded to read an essay upon “Paralysis and its Treatment.”

On motion of Dr. Prunk, the essay was submitted to the Board of Censors.

Dr. Bartholomew thought the remaining time should be devoted to hearing addresses from members upon the progress of Eclecticism in their respective fields, and, to set the example, made a brief and forcible speech which riveted the attention of the Association, and elicited warm commendations.

The Association then adjourned until this morning at 8 o'clock.

SECOND DAY'S PROCEEDINGS.

The Association re-assembled in the Senate Chamber at 8 o'clock, Dr. Ridgeway in the chair. The first business of the season being the nomination of officers, the committee appointed for the purpose reported the following, who were unanimously elected :

President: S. P. Fisher, Rossville.

Vice-Presidents: Milton Jay, of Marion, and J. L. Grinnell, of Morgantown.

Recording Secretary: D. H. Prunk, of Indianapolis.

Corresponding Secretary: G. W. Pickerill, of Indianapolis.

Treasurer: L. Abbett, of Indianapolis.

A vote of thanks was given the late President.

Dr. Jay read an essay upon Surgery, and Dr. Prunk one on Cellular Pathology.

Prof. Howe, of Cincinnati, and Dr. T. A. Bland, of this city, were elected honorary members.

Resolutions expressive of the feelings of this Society in regard to the death of Dr. Oscar Kendrick, of Indianapolis, were offered by Dr. Pickerill and unanimously adopted.

An adjournment was then effected until 1½ o'clock.

AFTERNOON SESSION.

At the appointed hour the Association was called to order by the President.

Dr. Prunk offered the following resolution, which was adopted :

In view of enlisting a deeper and more general interest and co-operation among the Eclectic physicians in the State of Indiana, therefore,

Resolved, That the President appoint a committee of three to organize an auxiliary Medical Association in each County, whose general character, work and success shall be reported yearly to the State Association.

Dr. Smith, Frazee, and Ridgeway were appointed such a committee.

Dr. Adolphus offered the following preamble and resolution, which were adopted :

"WHEREAS, The Eclectic practice of medicine, being based on

the great doctrine of the renovation of the life forces, is in harmony with the known laws of physiology and therapeutics, and that the educated and enlightened Eclectic practitioner does save the most lives and restore the greater number of shattered and broken down constitutions; therefore,

"Resolved, That we believe that the Eclectic system of medicine and practice deserves the confidence of mankind it has achieved, and merits the patronage of the State.

"Resolved, That the Legislature of the State of Indiana be solicited to establish a hospital for the treatment of disease, under the auspices of the Eclectic Medical Profession, and that a committee of five be appointed to bring this resolution before the Legislature of the State for the procurance of the same."

On motion, every member of the Association was instructed to consider himself a co worker with the committee in procuring the object set forth in the above resolution.

Dr. Prunk offered the following resolution, which was adopted :

"In order to promote the general interest of the Eclectic Medical Profession throughout the United States and elsewhere; and whereas, the resolutions and memorials addressed to the Congress of the United States and presented before this Association last year by Prof. Judge, of Cincinnati, as a part of the proceedings of the Ohio Eclectic Medical Association, were adopted and incorporated in our minutes. Therefore,

"Resolved, That the same be and is respectfully returned and referred to John King, President of the Ohio Eclectic Medical Association, with the instruction that he be authorized to issue a — number of circulars, accompanied with a petition embodying the prayer of said resolutions and memorial to Congress, for general distribution among the Eclectic physicians throughout the United States, with a view of obtaining thereunto signatures of our worthy and substantial citizens and patrons."

Dr. Pickerill read an essay on asthma, its pathology and treatment.

Dr. Pickerill offered his report as Corresponding Secretary, which was received.

Dr. Jones presented his report as Treasurer, which was received.

The Board of Censors reported the following persons for Essayists at the next meeting, with the following subjects :

Dr. Adolphus—Special Therapeutics. Dr. Kendrick—Eclecticism. Dr. Jones—On the use of the Hypodermic Syringe. Dr. Cowdrey—Pathology and Treatment of Uterine Leucorrhœa. Dr. Dakin—Chronic Diseases. Dr. Youart—Surgical Diseases of the Eye and Ear. Dr. Frazer—Malpractice. Dr. Grinnell—Surgery. Dr. Ellis—Female Diseases. The report was agreed to. On motion of Dr. Adolphus, the following persons were appointed committees to examine the pathogenesis and therapeutics of the following medicines : Bromide Potassium—Dr. Adolphus. Bromide Ammonia—

Dr. Ellis. Collinsonia—Dr. Pickerill. Bryonia—Dr. Youart. Gossipium—Dr. Jay. Dioscorein—Dr. Jones. Gelseminum—Dr. Prunk.

On motion, the Association adjourned to meet in this city on the first Tuesday of June, 1869.

G. W. PICKERILL, M.D., Cor. Sec'y.

MAINE ECLECTIC MEDICAL SOCIETY.

THE annual meeting of the Eclectic Medical Society of the State of Maine, was held at the Preble House, Portland, June 24th, Dr. N. R. Martin, of Westbrook, in the chair.

The regular charter incorporating this body as the "Maine Eclectic Medical Society," was then read and unanimously accepted.

The minutes of the last meeting were read and received, as were also the Reports of the Treasurer and Librarian.

The following gentlemen were then chosen officers for the ensuing year.

President—W. R. Wright, M. D.

Vice-President—W. W. Watson, M.D.

Corresponding Secretary—C. H. Riley, M.D.

Recording Secretary—J. Parker, M.D.

Treasurer—N. R. Martin, M.D.

Librarian—S. C. Libby, M.D.

Counsellors—Drs. M. H. Holmes, J. Parker, Samuel York.

On motion, it was resolved to adopt the By-Laws, Rules, and Regulations, hitherto in use by the organization.

A paper was then read by Dr. Parker, from Dr. H. G. Newton, as a report of his stewardship as Cor. Sec., which was accepted and ordered to be placed on file.

Dr. C. H. Riley then read a very able and interesting Essay on Asthma.

The Society then adjourned for dinner.

AFTERNOON SESSION.

After partaking of a splendid dinner prepared by Mr. Krogman, of the Preble House, the Society convened again at 4 o'clock. Dr. W. R. Wright in the chair.

Dr. Samuel York then reported several very interesting and instructive cases, which he had treated by the hypodermic method.

The use of the alkaline sulphites in a certain class of diseases was then discussed by Dr. J. Parker.

The following appointments were made for the next annual meeting.

Orator—Dr. J. Parker.

Essayists—Drs. H. G. Newton and Samuel York.

Committee of Arrangements—Drs. Martin, Parker, and Watson.

Anniversary Chairman—Dr. C. H. Riley.

Delegates to Mass. Eclectic Medical Society—Drs. J. Parker and N. R. Martin.

On motion, the Society adjourned to meet at Portland, the fourth Wednesday in June, 1869.

C. H. RILEY, M.D., Secretary.

DR. JAMES HUNT.

THE ANTHROPOLOGICAL SOCIETY of London is now under the general management of Dr. Hunt. This society has been so successful that we propose to notice its operations and success by publishing a few notices.—[ED. E. M. R.]

Dr. James Hunt is a gentleman well known as the author of a variety of works on scientific and literary subjects, and as the founder of the Anthropological Society of London. He was born at Swanage, in Dorsetshire. After finishing his preliminary studies, he devoted himself earnestly to the study of anatomy, physiology, and chemistry. Dr. Hunt also cultivated archæology and the *belles lettres*, and was elected a Fellow of the Royal Society of Literature in 1854; subsequently he was chosen a member of the Council, and is at present the honorary foreign secretary of that learned body. Shortly afterwards he also became a Fellow of the Society of Antiquaries.

In the year 1854, Dr. Hunt became a member of the Ethnological Society of London, and subsequently accepted the post of honorary secretary. When he entered upon his duties, the Ethnological Society was in a very languid if not dying condition. Its publications were few and far between, and its sphere of usefulness very contracted. By the energetic zeal and industry of the new secretary, fresh life was infused into the society. After three years' service Dr. Hunt resigned his post, and the society elected him an honorary Fellow in recognition of the great services he had rendered to it. It was at this period (1862) that Dr. Hunt conceived the idea, which he soon afterwards realized, of founding the Anthropological Society of London. That such an institution was really wanted is sufficiently evidenced by the rapid development of this society, which now numbers seven hundred members, and has given rise to several similar institutions in the large provincial towns of England. Dr. Hunt was elected the first president, an office to which he was re-elected for three successive years; and after serving the society as director for one year, he has again been elected its president.

Dr. Hunt's efforts have already given a great impulse to the study of the science of man. Apart from the *Anthropological Review and Journal*, published quarterly, the society has within the few

years of its existence published two volumes of *Memoirs*, containing many papers from Dr. Hunt's pen, and several volumes of translations from French and German standard works. Of the German works we shall merely mention Waitz's *Anthropologie der Naturvoelker*, Blumenbach's Works, and Vogt's *Lectures on Man*—the latter edited by Dr. Hunt. Several works of Broca, Pouchet, etc., have also been translated under the auspices of the society.

The honors which have been conferred upon Dr. Hunt on the Continent show how greatly his literary and scientific acquirements are also appreciated beyond his own country. In 1855 he received from the University of Giessen the diploma of Doctor of Philosophy, and also, in 1867, that of Doctor of Medicine, *Honoris causâ*. He is a member of the Leopoldina Academy of Dresden; of the Medical Association of Darmstadt; of the Upper Hesse Natural History Society; of the Société Parisienne d'Archéologie et d'Histoire; of the Congrès International d'Anthropologie et d'Archéologie Pré-historiques; of the Anthropological Society of Paris; of the Sociedad Antropologica Española; of the Société des Amis de la Nature, Moscow, etc. It will thus be seen, that although comparatively a young man, Dr. Hunt has already established for himself a European reputation both in science and literature.

CLIMATIC CURIOSITIES.—The changes of a country's climate by settlement and cultivation of the soil often seem strange and inconsistent. A letter from a late traveller in Nebraska notes some curious contrasts: "It is a frequent subject of remark in the Ohio valley, that settling the country, clearing and ditching the land, constantly makes it dryer; that old wells and springs are drying up, and each succeeding summer branches run dry, which never did before. The French agricultural report makes the same complaint, and calls upon the government to stop the destruction of the forests, as the means of preserving the rivers. But here, with settlement, exactly the reverse phenomena are presented, and the quantity of rain in western Nebraska and Kansas has doubled within the memory of man. Perhaps this is due somewhat to the trees planted on new farms, but I think, also, that breaking up the sod allows it to absorb more moisture than it could in the prairie state, and in many instances turning a hundred acres of sod will renew an old spring. Fresh branches are starting in gullies which have been dry for hundreds, perhaps thousands of years. Thus 'springs break out in the thirsty wilderness, and streams of water in the dry ground!' Here is an important principle at work, which will enable agriculture to make great advances on what is now the American desert." Akin to these are the falls of heavy rains this summer in Colorado and California, States where the rule of dry summers seems to have been invariable heretofore. Who shall divine the law of such revolutions?

NEW ECLECTIC MEDICAL ORGANIZATION.—In pursuance of a call physicians and surgeons of the Eclectic system of medical practice

in the Thirteenth and Fifteenth Senatorial districts, a meeting was held at Albany on Wednesday, the 10th instant. A society was organized auxiliary to the State Eclectic Medical Society. The Society then proceeded to the election of permanent officers, as follows: President, R. J. Burton, of Albany; Vice-President, R. Hamilton, of Saratoga Springs; Secretary, O. H. Simons, of Albany; Treasurer, H. Pease, of Schenectady; Censors, Drs. A. W. Russell, of Albany, E. H. Millington, and H. Ring, of Saratoga. The meeting was well attended, and all the deliberations indicative of increased efforts to promote the progress of Medical reform.

THE CHEMISTRY OF SUNSTROKE.—An article in the *New York Journal of Commerce* describes the mystery which associates itself with the cause of sunstroke, which cannot be the intensity of the sun's heat, as the human body endures, without injury, a much greater quantity. Workmen in certain cases are exposed to ten degrees, and sometimes a higher temperature, more than that at which sunstroke is produced, without its visibly affecting their health; some have indeed sat in heated ovens unharmed, while animal food was cooked at their sides. How then is it that men will comparatively melt away with heat in the open air? To this question the article mentioned makes answer as follows:

"The reason, we think, must be looked for in the chemical character of the sun's rays. The heat of the sun differs from any other kind of heat, as the light of the sun differs from every other kind of light. The effect of the sun's heat upon plants—as contrasted with artificial heat—is the most familiar, and perhaps the most striking illustration at hand. All animate and inanimate things are subject to precisely the same great laws of nature; and the solar heat which makes the flowers droop and close their petals, as if to shut out the dazzling rays, is not without its marvellous chemical effect upon the sensitive brain of man. The effect is chemical—just like the effect of a poison. Strychnine, cyanide of potassium, arsenic, morphine, and the other deadly drugs, do not work more marked organic changes in the system than a sunstroke. The countenance of the victim is dark-colored and ejected with blood, and a post-mortem examination discloses congestion of the brain, lungs and heart. These are the effects, varying in degree, of the administration of poisons. The chances of recovery from poisoning are far better, if remedies are seasonably applied than from sunstroke. The latter is almost always fatal with persons of delicate health or full habit."

This peculiar chemical action of the sun's rays on the human body being appreciated, prevention follows as a primary object, and keep out of the sun, if possible, should be a standing rule. But where this is not possible, keep as much in the shade as you can. Should exposure be necessary, an umbrella, a wet cloth or cabbage leaf on the head are excellent preventatives of sunstroke. Drink but little ice-water, eat sparingly of fat meats, take daily baths, walk slow, talk slow, gesticulate gently, avoid politics, and don't get unduly excited

about anything whatever as you value your life. This is the sage advice of last year and the year before, and a century back of that. But while people are dropping on the pavements, and dying in an hour or two, it is needless to stand out for originality. As to remedies, there is no improvement on the old ones. The application of ice to the head and under the armpits, brandy and water or other stimulants administered internally, a mustard-plaster on the stomach, vigorous chafing of the body, and especially the hands and feet, fanning and plenty of air—these are restoratives efficacious where anything is of avail. But the great point is to avoid a sunstroke.

DIFFICULT SURGICAL OPERATION.—Mrs. Abby Kelly Foster, of this city, who has for the past two years suffered from a dropsical affection, suffered the operation of "Ovariectomy," on the 30th ult., by Dr. Kimball, of Lowell. She was placed under the influence of ether, and the time consumed by the operation and dressing was some twenty-five minutes. The weight of the morbid mass and its contents was thirty-five pounds. There was a very trifling loss of blood. She still continues in a comfortable condition, with favorable symptoms, and a good prospect of complete recovery. Her friends anticipate her restoration to complete health and a return to her former life of active usefulness, from which she has been withheld by disease.—*Worcester Spy*.

INFLUENCE OF DRUNKENNESS ON CONCEPTION.—Dr. Demeaux adduces further facts in support of the proposition that conception during drunkenness is one of the causes of epilepsy, and of other affections of the nerve-centres. He attributes to the same cause a great number of monstrosities and malformations, congenital lesions of the nervous centres, etc., which prevent complete evolution of the offspring, or if it arrive at term, cause early death.

WOMEN IN THE PROFESSION.—Almost at every annual meeting of the medical associations of the Atlantic States, the question of admitting women to equal privileges with men as medical practitioners is canvassed and brought to a vote. Thus far the claims of the sisterhood have failed to obtain recognition. But women have their schools nevertheless, and are plodding onward with the constancy and perseverance of their sex, and winning their way gradually into public favor, if not into the good graces of the lords exclusive. We have before us the nineteenth annual announcement of the Women's Medical College of Pennsylvania—"the first institution in the world chartered for the instruction of women in medicine"—and also the valedictory address to the graduating class by Emeline H. Cleveland, M. D., Obstetrical Professor in the College; and we must acknowledge that there is more of dignity and self-possession and liberality evinced in these documents than we have observed in the writings and printed discussions of the masculine opposition. "Regarding it as a fact," says the announcement, "fixed and inevitable, that women will study medicine, and that a portion of the practice of the community will fall naturally into their hands, those in charge of this

institution feel more solicitous to make the College worthy of the cause, than to concern themselves with the objections of prejudiced or selfish opposers."—The spirit of this sentence is well maintained throughout both documents.—*Pacific Med. and Surg. Journal*.

THE NEW YORK MEDICAL COLLEGE FOR WOMEN will begin their Sixth Annual Term of twenty weeks, at their new College in Twelfth Street, corner of Second Avenue, the first Monday in November. For Announcements, giving full particulars, address, with stamps, the Dean, Mrs. C. S. LOZIER, M.D., or the Secretary, Mrs. C. P. WELLS, Box 730, N. Y.

CHOLERA.—The first case of cholera this year occurred in Brooklyn, July 22d, 1868.

THE YELLOW FEVER IN THE NEW YORK BAY.—The steamship Ocean Queen arrived at lower quarantine to-day with one passenger convalescent with yellow fever. He was removed to hospital. Another was suffering from intermittent fever.

The brig T. H. Haviland arrived from Havana, having lost one man in hospital from yellow fever. One man is now convalescent from the same disease.

The brig H. S. Bishop arrived from Sagua, having lost two men by cholera while in that port.

Captain Reed, of the schooner Benjamin Reed, from Cienfuegos, died yesterday morning of black vomit. A boatman, named Nicholas Smith, also died.—Aug. 6, 1868.

SEPTEMBER number, 1866, of the American Eclectic Medical Review, wanted by the publisher, to complete sets. 25 cents per No. will be paid.

PROF. Z. FREEMAN and family, of Cincinnati, have been spending a short time at his old homestead in Nova Scotia.

ECLECTIC PHYSICIANS wanted in the City of New York. One hundred of the very best Eclectic Physicians and Surgeons, all could do well here in their profession.

THE AMERICAN ECLECTIC MEDICAL REGISTER FOR 1868.—A few copies left and for sale by the publisher, Robert S. Newton, M.D. Price \$2. This contains the organization of all the State and District Eclectic Medical Societies in the United States.

AN Irishman being asked his views of female physicians, declared that he knew of no reason why ladies should not be "medical men."

A PRETENDER.—A peripatetic specialist is now visiting the New England cities advertising to "treat most successfully, eye, ear, throat, lung, chest diseases, catarrh, and asthma," and calling himself "Professor and Clinical Operator in one of the Philadelphia Medical Institutions." This institution is a broken-winded eclectic concern, and neither it nor any of its self-styled Professors are recognized by reputable practitioners in this city. We have received several letters of inquiry about him, and warn our readers against being deceived by his pretensions.—*Med. and Surg. Reporter*.

ELECTROLYSIS OF METALS.—For sale,—one of Prof. Sanders' new Electro-Magnetic Batteries, for extracting mercury, lead, and antimony from the human body.

The battery is complete and in working order. I will ship it by express on receipt of the price, viz, \$35.

Address W. R. Merwin, M.D.,
52 University Place, New York.

A GOOD LOCATION FOR SALE.—In consequence of ill health, I will sell my practice and property, consisting of a frame house of ten rooms, a carriage-house, corn-crib, wood-house and other out-buildings, with four acres of excellent land, very superiorly fruited, attached. Or I will sell my practice and rent my property, if desired, at reasonable rates. To any Eclectic Physician wishing to engage immediately in a lively and paying practice, in one of the most beautiful towns of Western New York, this location offers a rare opportunity.

Trumansburg is a growing town of from two to three thousand inhabitants, located on the west shore of Cayuga Lake, ten miles from Ithaca and two miles from the famous Taughannock Falls, in one of the finest and healthiest sections of country in the United States. The people are thoroughly Eclectic, and pay their bills. Terms of sale given on application.

Address, P. E. HILL,
Trumansburg, Tompkins Co., N. Y.

OBITUARY.

DIED, May 13, 1868, Dr. E. F. BASCOM, of Portland, Maine.
Disease: *Phthisis Pulmonalis*.

At Oldtown, Maine, March 25, 1868, of *Typhoid Fever*, Dr. CHARLES FORTIOR, a graduate of Glasgow Medical College.

Both of the above were active members of the Maine Eclectic Medical Society, and their loss will be deeply felt by the Society as well as by their immediate friends and relatives.

At the meeting of the Society June 24, 1868, the following resolutions of respect to deceased members, were adopted unanimously:

Resolved, That in the decease of our much honored and highly respected friends and fellows of this Society, E. F. BASCOM and CHARLES FORTIOR, we have sustained a great and irreparable loss.

Resolved, That in this deep affliction we extend our sympathies to the surviving friends and relatives of our departed brothers.

Resolved, That a copy of these resolutions be sent to the New York Eclectic Medical Review and Cincinnati and Philadelphia Eclectic medical journals for publication, and also to the newspapers published in Portland.

C. H. RILEY, M. D., *Cor. Sec. Me. Medical Society.*

Eclectic Medical College

OF THE CITY OF NEW YORK.

CHARTERED APRIL 22d, 1865.

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COURSE OF INSTRUCTION.

The Regular Session will commence on Tuesday, the 13th day of October, 1868, and will continue sixteen weeks, Lectures being given every day by the Professors in their several departments, the time of each one being indicated by a printed programme delivered to each Student.

Fees for a Full Course of Lectures,	- -	\$100
Matriculation Fee,	- - - - -	5
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The Trustees also issue Scholarships entitling the holder to keep a Student in the College for ten years, 500

To keep one Student in the College perpetually, 1,000

Good Board may be had convenient to the College for five or six dollars a week, and Students arriving in the city will call at the College and inquire for the Janitor, who will assist them in procuring suitable boarding places.

Text-Books.

ANATOMY.—Gray; Wilson; Holden.

SURGERY.—Syme, by Newton; Erichsen; Gross; Hill.

THEORY AND PRACTICE.—Newton; Scudder; Jones & Sherwood; King; Wood.

MATERIA MEDICA.—Jones & Scudder; American and U. S. Dispensatories; Coe on Concentrated Organic Medicines.

PHYSIOLOGY.—Dalton; Draper; Carpenter.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—King; Tyler Smith; Bedford; Scudder; Thomas; Newton & Powell; West.

CHEMISTRY AND PHARMACY.—Brande; Bowman; Miller; Draper.

MEDICAL JURISPRUDENCE.—Beck; Taylor.

By Order of the Board of Trustees,

ALEXANDER WILDER, *President.*

JOHN F. CLEVELAND, *Secretary.*

AMERICAN
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. IV.

OCTOBER, 1868.

No. 4.

ORIGINAL COMMUNICATIONS.

The Eclectics of Former Times.—No. 1.

BY ALEXANDER WILDER, M.D.

WRITERS have fixed the time of the development of the theosophical system known by the name of ECLECTIC during the second century of the Christian Era. It appears to have had a beginning much earlier, and indeed is traced by Diogenes Laertius to an Egyptian prophet or priest named Pot-Amun,* who flourished in the earlier years of the dynasty of the Ptolemies.

The establishment of the Macedonian kingdom in Egypt had been followed by the opening of schools of science and philosophy at the new capital. Alexandria soon became celebrated as the metropolis of literature. Every faith and sect had representatives there. There had always been communication between the sages of Bactria and Upper India, and the philosophers of the West. The conquests of Alexander, Seleucus, and the Romans, had increased the acquaintance. The learned men now thronged at Alexandria. The Platonists seem to have been most numerous, and to have

* This name suggests an office or function, rather than appellation, and signifies one consecrated to Amun.

held their ground the longest. Under Philadelphus Judaism was also planted there, and the Hellenic teachers became rivals of the College of Rabbis at Babylon. The Buddhistic, Vedantic and Magian systems were expounded along with the philosophies of Greece. It was not wonderful that thoughtful men supposed that the strife of words ought to cease, and considered it possible to extract one harmonious system from the various teachings.

There did result an approximation of sentiment. Aristobulus, the Jew, declared that the ethics of Aristotle were derived from the Law of Moses; and Philo, after him, attempted to interpret the Pentateuch in accordance with the doctrines of Pythagoras and the Academy. Josephus declared that in this book of the Genesis, Moses wrote philosophically; and the Essenes of Carmel were reproduced in the Therapeutæ of Egypt, who in turn were declared by Eusebius to be identical with the Christians, though probably existing long before the Christian Era. Indeed, in its turn Christianity also was taught at Alexandria, and underwent an analogous metamorphosis. Panusæen, Athenagoras and Clement were thoroughly instructed in the Platonic philosophy, and comprehended its essential unity with the oriental systems.

Ammonius Saccas, the great teacher, who seemed to have been raised up for the great work of reconciling the different systems, was a native of Alexandria, and the son of Christian parents, although associating much with those who adhered to the established religion of the Empire. He was a man of rare learning and endowments, of blameless life and amiable disposition. His almost superhuman ken and many excellencies won for him the title of *θεοδιδάκτος*, *theodidaktos*, or God-taught; but he followed the modest example of Pythagoras, and only assumed the title of *philaletheian*, or lover of the truth. His followers were styled *Analogetici*, because they interpreted the sacred legends, narratives, myths and mysteries by a principle of analogy or correspondence, making events which were said to have occurred in the external world to relate solely or principally to operations and experiences of the human soul. In subsequent times, however,

they were termed *Eclectics*, because their doctrines had been critically culled from the different philosophical systems. It was the purpose of Ammonius to eliminate the incongruous elements, which he regarded as accretions, and to retain everything in all faiths which was really useful.

It is not altogether easy to state with exactness what were the doctrines of the Philaletheians. Like Orpheus, Pythagoras, Confucius, Socrates, and Jesus himself, Ammonius committed nothing to writing. Instead, he only inculcated moral truths upon his auditors, while he communicated his more important doctrines to persons duly instructed and disciplined, imposing on them the obligations of secrecy, as was done before him by Zoroaster and Pythagoras, and in the Mysteries. Except a few treatises of his disciples, we have only the declarations of his adversaries from which to ascertain what he actually taught.

This was, however, no exception to the common rule. The older worship, which was preserved in a certain degree in the Mysteries, required an oath from the neophytes or catechumens not to divulge what they had learned. The great Pythagoras divided his teachings into exoteric and esoteric.

The Essenes of Judea and Carmel made similar distinctions, dividing their adherents into neophytes, brethren and the perfect. Pythagoras is said by Iamblichus to have spent a time at Carmel. Jesus himself followed the same custom, declaring to his disciples that to them it was given to know the mysteries of the kingdom of heaven, whereas to the multitude it was not given, and therefore he spoke in parables which had a twofold meaning. He justified himself in this by the precept:

“ Give not that which is holy to the dogs,
Neither cast ye your pearls before swine;
For the swine will trample the pearls under their feet,
And the dogs will turn and rend you.”—*Matthew* vii.

The Magians of the East received instruction and initiation in the caves and secret lodges of Bactria, and the prophet Daniel is said to have been installed by Nebuchadnezzar as

the *Rab Mag* or chief of the learned order. It would seem from Josephus, Philo, and Moses Maimonides, that the Hebrews were also possessors of secret doctrines. Josephus says that Moses wrote philosophically or esoterically of events in the book of Genesis, and Philo attempts to give their interior meaning. Maimonides declares as follows:

“Whoever shall find out the true sense of the book of Genesis ought to take care not to divulge it. This is a maxim which all our sages repeat to us, and above all, respecting the work of the six days. If a person should discover the true meaning of it by himself or by the aid of another, then he ought to be silent; or, if he speaks of it he ought to speak of it but obscurely, and in an enigmatical manner, as I do myself, leaving the rest to be guessed by those who can understand me.”

Abraham, whose name has a Brahmin sound to it, is said to have migrated from Ur, a college or commune of the Chaldeans or Magians; and Josephus declares that he taught *mathematics*. In the Pythagorean vocabulary mathematics mean esoteric knowledge. Moses, the *M'usa*,* or great sage of the Isarelites, it is said, was instructed in all the wisdom of the Egyptians, thus becoming a priest of their religion and an initiate or adept in their secret learning. Paul declares the story of Abraham and his two sons to be an allegory prefiguring the Judaical and Christian systems. Clement, who had been initiated into the Eleusinian mysteries, declared that the doctrines there taught contained in them the end of all instruction, and had been taken from Moses and the prophets.

With a general similarity in the character of the ancient religious and philosophical views, the course would seem to have been indicated for Ammonius to pursue. Countenanced by Clement and Athenagoras in the church, and by learned men of the Synagogue, the Academy and the Grove, he fulfilled his labor by teaching a common doctrine for all. He

* In the Sanscrit language, the name of Moses would seem to be derived from the words *maha*, great, *wuse*, a sage or wise man. It would be pronounced *Musa*.

had but to propound his instructions "according to the ancient pillars of Hermes, which Plato and Pythagoras knew before, and from them constituted their philosophy." Finding the same sentiments in the prologue of the gospel according to John, he very properly supposed that the purpose of Jesus was to restore the great doctrine of Wisdom in its primitive integrity. The narratives of the Bible and the stories of the gods he considered to be allegories illustrative of the truth, or else fables to be rejected from the reformed theosophy.

Among the disciples of Ammonius were Plotinus, Origenes and Longinus. To them we are indebted for what is known of the Eclectics. They were entrusted with the interior doctrines. Plotinus afterward accompanied the army of the Emperor Gordian to the East, for the purpose of being instructed directly by the sages of Bactria and India. Of Origenes little has been preserved. Longinus travelled for many years, and finally took up his abode at Palmyra. For some time he was the counsellor of the celebrated Queen Zenobia. After the conquest of that city, she sought to propitiate the Emperor Aurelian by laying the blame of her action upon Longinus, who was accordingly put to death.

The Jew Malek, commonly known as the distinguished author Porphyry, was a disciple of Plotinus, and collected the works of his master. He also wrote several treatises, giving an allegorical interpretation to parts of the writings of Homer. Iamblicus also wrote a work upon the doctrines taught in the Mysteries, and likewise a biography of Pythagoras. The latter so closely resembles the life of Jesus that it may be taken for a travesty. Diogenes Laertius and Plutarch relate the history of Plato according to a similar style.

The Eclectics flourished for several centuries, and comprised within their ranks the ablest and most learned men of their time. Their doctrines were adopted by pagans and Christians in Asia and Europe, and for a season everything seemed favorable for a general fusion of religious belief. The Emperors Alexander Severus and Julian were partial to the Philaletheans, and the celebrated Hypatia was also an adhe-

rent. But the stormy times which came over the Roman Empire scattered them, and after the rise of Mohammed they disappeared from public view.

Some Observations Concerning Specific Therapeutics.*

BY OTIS M. HUMPHREY, M.D.

It has been, and still is the opprobrium of the Medical Profession in the esteem of physicists, that notwithstanding all the theories and dogmas of cure in medical practice, the most learned and skilful are reduced to almost unmitigated empiricism. It has even been deprecatingly claimed that a medical education is superfluous, since accomplishment in the natural sciences, which so cluster about and intimately pertain to and instruct us in the animal body, normal or abnormal, and in the distinctive properties and powers of medicinal agents, has discerned little of the adaptation of the remedy to its certain or successful curative use. Hence, perhaps, the so common distrust of the art, and the renunciation by and the vagaries of many of its disciples.

I suppose there is no department of knowledge in our profession so utterly empirical (I use the word in its primary sense of experimental) and uncertain as the prevailing pathogenesis and therapeutics of medicines. The noble science of chemistry, which has given such a large array of available active agents, has taught or suggested little of their use, and that chiefly by analogies very uncertain in their proving. Iodine and bromine, intimately related in their chemical characters, are not similar, as might be expected, and as was formerly taught, in their action, or in that of their salts in disease. Castor, resembling musk in its source, mode of production and appearance, cannot be substituted for that article. One of the commonest and most annoying errors of medical botanists, has been attributing to a genus of plants similar in

* Extracts from a paper read before the Massachusetts Eclectic Medical Society at its last annual meeting.

form, habits, and sensible properties, the essential qualities of an individual among them, and rejecting the remainder as practically superfluous, which on subsequent investigation have proved to be medicinally different from and more valuable than the approved type. Until our most valuable veratrum viride was a few years ago investigated, the great Dr. Dunglison placed it with and following others of its genus, viz., sabadillo, white hellebore, and colchicum autumnale, with only this indifferent remark, "its properties are like others of its genus." Thus has the tendency been largely to reduce to a few representatives nature's vast and varied materia medica, and to limit the range of their use, by substituting for each a single principle derived therefrom, or from any other source yielding the same.

In view of our own not yet half-studied or understood vast American herbaria, what are we to think of those physicians whose pride and boast it is that they can enumerate the individuals of their entire *armamenta medicorum* on their fingers; or those who can reduce still further their agencies to three, viz., opium, ipecacuanha, and calomel, without inconvenience; or further, of such as would except from fish-bait only the intoxicating poppy? "Worse for the fishes," indeed, and better "for the world," indeed, if medicine, without exception, from such hands be only "cast into the sea!" On the other hand, adopting the extreme idea of the specificity of medicine, another class have been prolific in tests by careful experiments of the drug effects of a great variety of medicinal substances upon the body in health, as an index to their power in disease. Without pausing to pass upon the reliability of this mode of proof (without experience, in which no man is entitled to an opinion, even, notwithstanding the obloquy and prejudice with which it has been favored), I am prepared to believe and admit that means and modes of cure, first suggested by this test, are among the most valuable accessions to sound, true medicine—accessions, I am sorry to say, that reluctant bigots have seized and adopted with no return of acknowledgment or honor. These investigators have been a class of keen-eyed workers and thinkers, and

whatever may have been extravagantly claimed or exaggeratedly believed in their preservation and pursuit of the idea of certain constant definite effects of medicine, they have kept in the true channel of progress which all must traverse who would attain to anything accurate or satisfactory in the field of therapeutics.

Without this line of inquiry, and largely previous to its adoption, our great, rich American materia medica has generally been found in and adopted from either aboriginal or domestic practice, or else discovered by accident—facts not very flattering to professional arrogance. We feel a patriotic pride in our vegetable pharmacopœia, so harmonizing in its varied wealth and magnificence with all the physical features of our land. And I believe there is coming a time in the not distant future, even more than now, when the men who shall have achieved the accurate therapeutics of our fields and forests, will receive from the profession, at home and abroad, recognition of services more flattering than remain to be won in any other field of study. No honest physician, knowing their exceeding richness and value, would practice a day and be deprived of their wealth. There are yet a great many incongruities and diversities of opinion concerning the powers and proper uses of remedies long in use. There is much yet to test and watch and sift down to demonstrable certainties.

The class of practitioners and students which you represent have been characterized—often stigmatized—as the champions of this work from the first. If others have brought the use of novel modes to prosecute your initiative, cease not to cultivate the exhaustless domain by the best methods that have been, or may be, irrespective of name or origin. And in all, never, *never* withhold from any their just meed of credit. And so shall we ultimately arm our profession with the power of certain, precise, definite physiological and pathological control of our cases, subject only and of course to degrees of vitality of our patients, and the will of Divine Providence.

I had commenced this paper with the intention (in com-

pliance with the suggestion of your excellent and able Recording Secretary) of discussing the properties and uses of the *Collinsonia Canadensis*. I have, however, given so much time to general observations, that I can only attempt its consideration in brief; satisfied that if I may elicit the investigation of and experience of others, more truth will be evoked than any individual opinion or expression could convey. I omit the botanical description and history of the plant;—they can be found in the books. Its use was doubtless derived from the Indians, as Rafinesque found it in common domestic use a sort of panacea for all ailments, external and internal, among the settlers of Virginia, Tennessee, and Kentucky. Its ascribed virtues have attracted the notice of the profession, who have to a considerable extent used it in various disorders, as each one has considered it adapted. In consequence, its range of use has been astonishingly wide and varied, so that referring to its officinally described properties, we find it accredited as a tonic, astringent, diaphoretic, diuretic, alterative and resolvent—a suspiciously comprehensive and all-healing reputation. I think we shall find it able to fulfil, in an eminent degree, all the remedial powers claimed for it, in one or two simple, vigorous modes of action.

I dislike this superficial manner of naming the properties of drugs after some physiological result of their use, and their consequent classification, for the same reason that I regard the symptomatology of drug provings on the healthy unsatisfactory; namely, because they satisfy our inquiry short of a radical philosophy of drug action, and tend to substitute a surface symptomatology, and a corresponding therapeutic nomenclature, for a sound pathology and for a comprehension of their constant fundamental laws of cure. The many symptoms and apparent effects of a medicine are often only the natural manifestations of, and should be our index and guide to its single, direct, circumscribed impulse, which, if we but recognize all its consequent or resultant symptoms or phenomena, no matter how various, become consequent and scientific deductions.

Collinsonia, early distinguished for its remarkable cures

of hemorrhoids, was presumed and proved to be efficient in all mucous diseases of the lower intestine and the entire genito-urinary apparatus. It has been to me in the diseases of the female sexual organs and tissues so common in practice more satisfactory than any other constitutional remedy I have used. And on this general anatomical region the power of the remedy would at first seem to be expended, were it not that its administration is attended with other local and constitutional effects not compatible with such limitation.

Another sphere of the decided power of this plant is the upper portion of the respiratory and alimentary tract. In chronic and sub-acute bronchitis and laryngitis it is very useful. Whether this use of it resulted from accident or analogy, I cannot say.

It has been thought specific to mucous structures; but I think not invariably so, for there is not evidence that all tissues of that class are alike subject to it. Its general mucous affinity seems to be limited by two peculiarities, one of structure—high vascularity,—and another of function—a low grade of secretion. Perhaps the two are physiologically inseparable. It is noticeable that its curative power is best manifested in the vascular mucous tissues, and in the diseases of them marked with much capillary and vascular engorgement. And this suggests the explanation most satisfactory of its mode of action; viz., that it is eminently and in a peculiar sense an excretory vascular tonic and regulator.

I have alluded to a second particular beside vascularity as constituting a determining affinity for *Collinsonia*, viz., a low grade of secretion, or that kind of mucous secretion designed for ulterior physiological purposes, rather than for elaboration; as, for instance, the lubricating mucus of the vagina, or larynx, as distinguished from that of the gastric and intestinal surfaces. Their mucous structures may be called a lower grade, because of their comparative destitution of gland structures, and hence simpler formation. And that these comparative glandless membranes do receive the force of *Collinsonia*, is good confirmation that the drug affects primarily the vascular system, for were it an alterative (so-called), an

agent primarily stimulating glandular action, those tracts of mucous membrane richest in glandular structures would most and first manifest its power. I would not deny all chylopoietic and secernent agency to the plant, for it is a tonic appreciably affecting secondarily the appetite, the urine, perspiration, and every function, yet without affecting the alvine excretion (except when administered in large quantities or at a considerable interval after its use) in character or quantity. Its use is remarkably insensible to the patient, except in relief.

You know how we have sometimes fruitlessly striven to cure hemorrhoids by laxatives and unguents, by attacking the liver to unload the blood channels from the rectum through it, and thus relieve the terrible mucous engorgement. Now give a tincture of the fresh *Collinsonia*—make your own dose, only make it appreciable—continue it regularly, and without any noticeable effect on liver or bowels, or any organic or nervous function, the aggregated symptoms and sufferings slip away into a cure. I would not, of course, recommend a medical attempt to cure a case with extensive old morbid lesions, however useful an auxiliary it might be;—this is the domain of surgery.

Collinsonia has of late won great confidence and praise in cardiac affections, both functional and organic, and this is confirmative of our ideas of its operation; that is, that it is primarily directed to and expends its force on the circulatory system. Indeed, I cannot comprehend this action of the remedy by any other hypothesis. In this view of it, it is easy to understand its remarkable relief of some cases of dropsy. Though based on no experience or knowledge in this particular, it is not presumptuous to think that we shall find in this medicine a valuable auxiliary in the treatment of a class of hydrocephalics, since the lining of the ventricles of the brain are of ciliated mucous structure. It is deplorable that we have so much difficulty in obtaining our valuable indigenous remedies in fresh and reliable form.

The root of *Collinsonia* is hard and woody. Only the bark is active, or possibly the whole plant also is available.

Both contain a volatile principle which is almost or wholly lost by hot infusion or drying. I have found any domestic preparation of the dried root almost worthless, and the *collinsonin* and fluid extracts of any make scarcely better. I feel sure that with it, as with many others of our most valuable remedies, the profession will be disappointed, and abandon them in disgust, unless we adopt some practice of preparation which shall uniformly represent the fresh plant in its season. I mean the green plant before it is dried or withered. I am satisfied that this is the weak point in the merits of many preparations where the fault is attributed to some dereliction of manufacturers. They use the officinal dried, and thus damaged crude material. To obviate this, the use of a mother tincture, made by expression or maceration on the spot of growth, seems the most practicable expedient. These, so far as I know, can now be reliably obtained only from Homœopathic Pharmacies at high cost. Next to these would rank solid extracts, prepared from the tinctures by evaporation at low temperatures.

I thank you for your attention to these cursory observations, and, in addition, only beg to bespeak for our indigenous materia medica the continued, patient, careful, studious observation of our profession, believing that in accurate, certain, successful results, it is the most fertile yet neglected field in the realm of our professional study.

The Eclectic Pharmacopœia.*

BY JAMES DAY, M.D.,

Professor of Chemistry in the Eclectic Medical College of New York.

THERE is, perhaps, no branch of Medical Science of more importance, and certainly not any requiring so careful an investigation as Organic Pharmacy.

The active practitioners of the Eclectic School of medi-

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cine are now numbered by thousands; to profitably exchange views they must have standard medicinal agents of definite chemical construction, and therapeutic action.

To accomplish this end an Eclectic Pharmacopœia becomes an imperative necessity. In fact, the progressive school of medicine cannot much longer be progressive without this addition to its literature.

To set forth the great importance and extent (as well as the present errors), of Eclectic Pharmacy, would require considerable correctness with clearness of argument and language.

In the present paper I can only hope to present one or two points, and those but imperfectly.

The Eclectic Materia Medica, justly the pride of the School, is the great innovation on the worship of Mercury, Antimony, Arsenic, Cantharides, Blood Letting, etc., and the avalanche that will eventually overwhelm the defenders of these pernicious agents.

The agents of this Materia Medica, tested as they have been, and still are in their crude state, have been found of inestimable value.

You will be told by some that the concentrated Powders are the ultimatum of Organic Pharmacy, that they leave nothing to desire. From others you will hear that they are entirely worthless, and not deserving of office-room. Both extremes are wrong, and can only be attributed to entire ignorance of their chemical and pharmaceutical construction and therapeutic action.

It is here that we see the great and pressing need for a National Eclectic Pharmacopœia, one that shall give us a working formula for each preparation; define accurately its construction, with its physical properties and tests of purity.

We have, it is true, a Dispensatory creditable alike to the school and its author; more especially so is its Materia Medica and Therapeutics, being by far the most thorough and comprehensive in print. But on some points its Pharmacy is sadly imperfect and deficient. The formulas there given can never be accepted as the standard. Many of the prep-

arations can be *better* prepared by other processes, at a saving in cost of from 25 to 50 per cent.

No manufacturer will be governed by a formula that will produce an inferior article at an increase of cost, neither will the physician be willing to manufacture his own medicines if he can buy a superior article at half price. The Pharmacopœia should embody the most economical process to produce the most reliable result. At least one half the fluid preparations now in market cannot be honestly prepared at the price for which they are offered.

The U. S. Dispensatory has made a standard for a limited number of fluid extracts in use by that school; what has been the result? To meet competition many manufacturers have adopted two prices, one for fluids prepared according to the U. S. D. formula, and another for the ordinary fluid extract, as they are termed, at the same time they both profess to contain in 1 lb. of fluid by measure, the FULL activity of 1 lb. of crude material (if we except wild cherry and one or two others). Is not this an acknowledgment of guilt? It has been further found that the special preparations, those claimed to be prepared by the U. S. Dispensatory formulas on the one hand, and the arbitrary and indefinite preparations called concentrated and essential tinctures on the other, do not come up to the test, although an extra charge is made for them. These facts teach us not only the necessity for standard processes but definite tests of the reliability and purity of the resulting preparations.

If we turn to the American Dispensatory do we get light? The very mention of the few processes there presented, will produce a smile in the face of a novice in the manufacture of concentrated powders.

A satisfactory proof of the ambiguity of these formulas is plainly seen if we count the cost of manufacture, and compare it with the price list of those gentlemen who are credited with the processes.

The author very laudably repudiates all such as are prepared by concealed methods. But we do not appreciate the honesty of a manufacturer who publishes a formula, and

vends his preparations at half the cost of manufacture by that process.

We need a Pharmacopœia to tell us how to prepare such of these powders as can be obtained to represent any definite therapeutic action.

It has been claimed by some, that the powdered concentrations represent in full the therapeutic action of the agent from which prepared. This discovery should not lead us to the opposite extreme of discarding them altogether, but should prompt us with zeal to investigate and discover what their individual properties are. That many of them are valuable agents is beyond a doubt, but their virtues reside in themselves, and in most cases distinctly differ from the action of the source from which obtained.

There has always existed two systems of medicine. The Rational and Empirical Systems. By accident, the Empiric finds that a certain remedy is useful in a certain disease, and henceforth uses it in that disease without any regard to complications or idiosyncrasy. So with concentrations. A specified agent has been found to alleviate a certain disorder. The empiric is willing to receive as a perfect representation of that agent, any principle or set of principles that may be separated from it by chemical or other means. Such a system requires for its elaboration but a small amount of knowledge.

The practice of medicine becomes rational when one can form an accurate estimate of the Pathological condition on the one hand, and have a perfect knowledge of the Physiological action of our medicinal agents on the other. Let those who see and feel this necessity bestir themselves to action. One man would have to live many lifetimes to satisfactorily analyze the specific action of each of our indigenous remedial agents, and the individual action of each principle contained therein, but the combined energies of all will accomplish much. It is an important subject; it is also a difficult one. A moment's thought would teach us that the activity of a principle was not destroyed by separation (unless by ignorance), only altered. An investigation of these facts

will multiply the usefulness of our remedies a hundredfold; until accomplished, their employment is undoubtedly empirical, but when accomplished we can present to the world a class of agents that will be scientific possibilities and specific realities courting investigation.

Until this matter is fully investigated, even the most carefully prepared fluid preparations will disappoint us, and why? Each manufacturer employs his own process, some use heat, others do not; some use one menstruum some another, one uses pressure, another percolates; each, perhaps, will vary the strength of his menstruum, and the temperature of his laboratory.

Now each principle has different chemical properties, and these variations in manipulation will change the resulting preparation, so far as the relative proportion of its active principle is concerned.

We should discard all preparations not sanctioned by sound science, especially those manufactured by concealed formulas, the composition of which is not demonstrated. We don't want to be told what preparations are, we have had enough of that, we want the proof by demonstration. None but empirics fear to communicate their knowledge, and it becomes the *duty* of every intelligent physician to demand of the manufacturer some knowledge of the agents he employs. If your manufacturer is making his preparations by guesswork, you cannot afford to use them; every time they fail you injure your patient and your own reputation.

Medicines that can be administered in small bulk, that are pleasant to the taste and eye, are desirable, but we cannot afford to sacrifice activity and efficacy for a convenient or pretty preparation.

Take the article Prunin, does it represent fully the virtues of wild cherry?

Wild cherry bark is known to be tonic, astringent and sedative in its action. The sedative effects being due to hydrocyanic acid, formed by the action of Emulsin upon Amygdalin, one of its active principles.

The medical practitioner has long ceased to depend upon

Prunin for the sedative effect of the bark. The reason is obvious, it does not contain the amygdalin.

If the physician desire to examine for himself, he has only to obtain a few sweet almonds, (*Amygdala dulcis*), remove the seed coat by soaking in cold water, then rub dry with a coarse towel, and triturate in a mortar, with a little crushed sugar until reduced to powder, add sufficient cold water to form a thin paste, triturate well, then add sufficient more cold water to produce an emulsion about the consistence of milk, strain through muslin and it is ready for use. The addition to this solution of a small quantity of any preparation containing amygdalin, will result in the formation of hydrocyanic acid. The *more concentrated* the preparation the greater the yield. It will be instantly detected by its powerful odor, and if further tested by its taste and *action*—19 grains of amygdalin dissolved in one ounce of emulsion of sweet almonds will yield fifty minims of hydrocyanic acid (dilute.) This test will answer equally well for fluid preparations of wild cherry.

The U. S. Dispensatory directs the formation of the acid in the manufacture of the fluid extract. This would seem unwise, for this reason, every time the bottle is opened a portion of acid escapes, and the preparation is weakened. The amygdalin dissolved in alcohol (being careful to exclude emulsin) is more stable than hydrocyanic acid.

It would seem preferable to obtain a fluid preparation, containing the amygdalin, with other active principles, in solution, and let the physician and apothecary develop the acid by addition of emulsin at the time of administration. Amygdalin greedily absorbs water, and is converted into benzoic acid and other compounds, by the action of oxygen, with the presence of moisture. Can there be any form more suited to that action, than an impalpable powder? Or can such powdered principle be obtained without much exposure?

The Prunin has been found to be a valuable astringent, adapted to peculiar conditions. If these facts are accepted, what follows? Not the repudiation of Prunin as a therapeutic agent, but a repudiation of the statement of

interested parties, that it represents FULLY the virtues of *Prunus Virginiana*. Assign it its position among astringents and tonics, if it possess those qualities, but let us not longer delude the practitioner with the belief that he can obtain ALL the results with a few grains of Prunin that he could with an ounce of bark.

It would be a boon to the profession to know by what means these principles could be separated and *recombined*, especially the *amygdalin*, so as to pay the manufacturer and yield a living profit at \$1.25 per oz., with a liberal discount to the trade. Intelligent physicians of all schools are testing and using Eclectic remedies. Gentlemen of education and liberality, dissatisfied with their own agents, and with sufficient independence to join the rank of reform medicine, following the teachings of interested or misled parties have passed over the crude articles and tested the powders. In many cases these have not come up to representation, and they have very naturally denounced the agents which these powders are supposed to represent, and the school from which they originated.

Let there be unity in this matter; ignore self a little and work for the common cause. An Eclectic Pharmacopœia is an absolute necessity. Let there be a fund to meet contingent expenses. Then, if the chemists of our ranks examine these agents analytically, and the practitioners test the individual action of each principle on the animal economy, and collect the facts from all sources, we shall rapidly progress in the work.

We must not wait for wealthy manufacturers. The Pharmacopœia will injure their interests by exposing their cupidity.

Many of them boast of being able to obtain *an ounce* of *something* from a pound of *Podophillum Peltatum*. It is a difficult matter to obtain 4 drachms of *pure resin*. A definite formula for its production, with tests of its purity, would injure the sale of an empirical preparation.

It is for the rank and file to fight this battle. The monopoly of speculative manufacturers will oppose it all they can.

The question at issue is this, Shall we have specific for-

mulæ for our medicinal agents, or must we be compelled to use the constantly varying preparations in the market; and having decided upon the most satisfactory source, be mortified to find the second specimen of a preparation to differ entirely from the first?

Since writing the above I have read with much gratification an article in the *Cincinnati Journal*, by Dr. Abner Thorpe, bearing on the same subject. The points are well taken, and should be read by every lover of true reform.

JAMES DAY, M.D.

Placenta Prævia.—Case in Practice.

BY T. J. WRIGHT, M. D.

THE following interesting case occurred in the practice of Dr. O. E. Newton, of this city. Mrs. Chs. Haller, 196 Liberty st., of German parentage, about thirty years of age, rather fleshy, medium height, noticed on or about the 28th of July a slight hemorrhage from the vagina, attended with no pain, creating no uneasiness in her mind or those immediately interested in her welfare. In the course of a few days a second hemorrhage made its appearance, and continued to appear every few days for the period of two weeks, when to all appearance labor had commenced, attended with a continuous flow which increased so rapidly as to induce those present to take a proper view of the case and immediately send for medical aid. Dr. Newton arrived at the bed side of his patient about three o'clock A. M. on the 12th of August last. The pains were neither frequent nor forcible; the hemorrhage, however, continued to flow in spite of numerous styptics well selected and judiciously administered, in connection with cloths dipped in cold water and applied to the organs of generation. At this time the os uteri was but slightly dilated, not sufficiently so to determine by touch the cause of the hemorrhage.

The Doctor being extensively engaged in the practice of his profession, and this case required constant attention, he requested me to assist him in the treatment of it, so that one

or the other might be present to meet the indications as they arose.

I saw Mrs. Haller for the first time early in the afternoon of the 12th, the flow was copious, the pulse small and compressible, with a tendency to drowsiness, and the pains weak and irregular. On examination I found the soft parts in a favorable condition for an immediate delivery. The os uteri wide open, so that the fingers of the hand used in manipulating could have been pushed into the cavity of the womb, had they not been obstructed by the placenta, which occupied and closed the passage. To the left the placenta was slightly detached from the uterus, and an opening wide enough to admit two or three fingers to pass between the placenta and the wall of the womb; which opening was enlarged by the fingers separating the placenta still more, till the fingers passed beyond and came in contact with the head of the child, which was engaged in the superior strait, the vertex presenting.

The nature of the trouble was now apparent, and the cause of the hemorrhage too plain to be misunderstood. An early and prompt delivery by some means was imperatively demanded to bring to a close this unpromising and perplexing case. Forceps might have been used and the delivery accomplished at once, I have no doubt; yet, I felt like resorting to other measures, and should they fail the forceps were ready, at hand, and could be applied.

The essential element, the contraction of the womb upon its contents, was wanting, and how to bring on the pains, and by what means, were the questions to be decided. Ergot promised as much if not more than any other agent. The fluid extract was selected, as a preparation readily taken and most generally retained. In drachm doses it was administered every half hour for several hours in succession, in sweetened water alone, afterwards with brandy, but to no effect. Two or three times our patient vomited and rejected everything she had taken. A mustard draft was applied over the stomach, and reapplied several times, in connection with warm applications to the feet, as they had become quite

cold, and were continued till the close of the labor. Thus far our remedies had been given in vain and our well directed efforts to bring about a favorable result had accomplished nothing. At this critical period Dr. Newton made another examination, ruptured the membranes and immediately commenced rubbing, briskly, the abdomen with the palm of the hand, and every now and then grasping the womb firmly with the hand. These manipulations were continued for some time before any material change took place in the force and frequency of the uterine pains. In the course of an hour or less, however, there was a marked improvement in the frequency as well as in the force of the pains; and the hemorrhage, which had continued to flow, now almost ceased, in consequence of the mechanical pressure of the contents of the womb against the bleeding vessels.

Between nine and ten of the evening of the 12th the mother gave birth to a still-born male child about seven or eight pounds in weight. The mother, though very much reduced in strength in consequence of the vast amount of blood lost, is in good spirits and doing remarkably well.

Cincinnati, O., Aug. 15.

PERISCOPE.

Virchow's Views on Syphilis.

HE divides the local syphilitic processes into three groups—the simply irritative (inflammatory, hyperplastic), the gummy, and the amyloid; the first two belong actually to syphilis, the last to the syphilitic cachexia. Neither of the first two has added anything foreign to the natural elements of the body—anything in the sense of specific or heterologous, anything peculiar alone to syphilis. Every year, with all its abundance of new material for observation, confirms the author in the opinion that there is no more marked difference between the gummy tumor, with its mass of syphilitic granulations, and a simple inflammatory granulation, than there is between roseola syphilitica and simple roseola. All admit that the same virus is within the body infectious,

without being contagious. The whole course of syphilis has much in common with that of malignant tumors. It begins, as a rule, with the indurated chancre; this induration corresponds to the mother nodule of the malignant tumor. It may extend in depth and superficially. Then the lymph-glands in the direction of the lymph-current are affected. Then the disease appears in remote points, at first in lighter, simply irritative forms, afterwards in the more severe, and at last in the gummy formations. In these last the induration of the mother nodule is repeated with the modifications imposed upon it by the nature of the local matrix. This is what in all other relations would be designated as metastasis. Whether this occurs through the blood and the lymph, or through the cells, is not yet clearly determined. This much is certain, that sooner or later there is an infection of the blood—a dyscrasia is found to exist. Nor is this a permanent state. The idea of latency is to be explained by a metastasis already existing at the period when the original affection was healed, and which only after a certain period makes itself manifest. And so with regard to the tertiary products: if we give up the idea of a permanent dyscrasia, we must either admit a general diathesis of the whole body, a permanent syphilitic condition of all its elements, or else a still existing nidus, a deposit of virus in some given spot; and it is this view that the author does not hesitate to adopt. Thus, after the healing of a chancre and of the symptomatic buboes, a syphilitic hepatitis may continue to exist, without at first developing any symptoms; but upon some casual provocation it may be again excited, may attain increased development, and may become in turn infectious. By infection and the development of a new local nidus the process is made manifest. These views find their application in the history of congenital syphilis.—*American Journal of Medical Sciences.*

Diseases of the Urinary Organs.

WE take the following abstract of Sir Henry Thompson's Lectures on Urinary Diseases from *Braithwaite's Retrospect* for July. Sir Henry Thompson is universally acknowledged to be the highest authority on affections of the urinary organs, and we feel assured that these extracts from his valuable Lectures cannot fail to prove acceptable to the readers of the *Review*:—

ENLARGED PROSTATE.—One man in every three who dies above the age of fifty-five has some enlargement of the prostate, but only one in seven has any symptoms of it, and probably only one in ten requires treatment for it. The size of the prostate does not influence the degree of obstruction to the urethra; it is the amount of enlargement of the middle lobe which is the matter of import. For ordinary use in prostatic cases the English gum-elastic catheter is by far the best. The point is generally not curved as it should be. The instrument should be well curved to the very point: with this object it may be kept on an over-bent stylet for a month; it will thus pass easily without a stylet, for the tendency to over-curve which the instrument possesses will ride it over the obstruction into the bladder. The general treatment of prostate enlargement consists mainly in preventing local congestion, the most frequent cause of which is the undertaking long journeys, and exposure to cold.

It is a peculiarity in the frequency of micturition which exists in hypertrophy of the prostate, in common with all serious urinary diseases, that it is more urgent at night than during the day. This is an aid in diagnosis, and should be made a point of inquiry in investigating urinary diseases.

Diagnosis between Prostatitis and Calculus.—Pain in micturition from prostatitis is toward the end of the act of micturition, when the bladder begins to contract on the tender prostate; but when the pain is from an inflamed bladder, it is at the commencement of the act of micturition. Pain from calculus in the bladder also occurs towards the end of micturition, when the rough surface of the stone comes in contact with the mucous membrane. Pain from this cause, however, is very characteristic, it is increased by movement and is felt very acutely about the base of the glans penis. Pain from prostatitis also sometimes occurs in the penis, but is less severe, and is not much increased by riding in a rough-going vehicle, as is that from stone.

There is one point of great service in the diagnosis between prostatitis and calculus, especially if we wish to avoid the passage of a sound. Tell the patient to pass a little urine so as to wash out the urethra, set that aside in a vessel, and then let him empty the bladder into a second vessel. If the first only is thick from pus or mucus, whilst the second is clear, it is prostatitis; if the second is turbid, the cause of the turbidity is in the bladder, and may be stone.

FREQUENCY OF MICTURITION.—Whenever the natural characters of the urine are altered before it reaches the bladder,

the secretion produces irritation. Diluted or watery urine is often regarded as unirritating; on the contrary, it is not generally well retained by the bladder. In pyelitis, and in almost all organic changes of the kidney, in Bright's disease, and in diabetes, there is frequency of making water. The bladder is always irritated by the pale urine passed by hysterical patients.

Precaution in Examining the Urine.—Always first flush the urethra and take the urine in a separate vessel, say a wine-glass, and let the rest of the urine be passed into another vessel. If this is not done we get any matter from prostatitis or urethritis mixed up with the whole quantity of urine. A case came under Sir H. Thompson's observation which had been treated by a physician for months as pyelitis, whereas when the urethra had been flushed the rest of the urine was quite healthy, proving that the pus came from some part of the urethra.

STRICTURE OF THE URETHRA—*Diagnosis.*—When a case of stricture, or supposed stricture, is first examined, a fair sized instrument must be first taken, say No. 8 or 9. If there is a stricture you ascertain its position but do not expect the instrument to pass, whereas if there is no stricture it passes at once. When the instrument is passed through the first few inches of the urethra, it must be kept well on the floor of the canal in order to avoid the lacuna magna. The second place in which a mistake may be made is at the commencement of the membranous portion of the urethra, or rather, in the bulb, where the canal is wider and more distensible than in the membranous portion. It is the lower part of the bulb which bags out and is so distensible, and consequently it is here that the point of the instrument is liable to catch, and, if force is used, a false passage to be made; consequently the rule in this part is to use an instrument with the point pretty well turned up and to keep it on the roof instead of on the floor of the passage. The last place at which there may be difficulty in passing an instrument is at the neck of the bladder. We used to hear a good deal about "stricture of the neck of the bladder;" there is no such thing. It is simply because there is sometimes difficulty in passing the neck of the bladder that it came to be regarded as a locality of stricture. In this case also a well curved instrument is the best thing to get in.

There is no such thing as "impermeable" stricture. It is a contradiction in terms. Stricture is a *narrowing* of the canal; it is not an obliteration of it. A stricture always

admits urine, more or less in quantity, to pass through it, and whenever urine passes outwards through a stricture, an instrument ought with care and perseverance to be got in.

Flexible versus Solid Instruments for Dilatation of Stricture.—Flexible instruments are very much preferable to solid ones for dilating a stricture. They pass more easily, and consequently with less pain, and will insinuate themselves where a solid instrument would fail. The latter property is especially seen in the French instruments, which are so flexible that you can wind them round the finger, and possess a tapering point slightly bulbed at the end. This instrument passes very readily, almost without your knowing it, and it requires no knowledge of anatomy to use it.

To pass a Bougie through a Narrow and Tortuous Stricture.—Do not rely upon mere groping to find the orifice. You should always adopt some method—any method you please, provided that it shall seem to you exhaustive of the different modes of exploring the urethra. Take a small instrument and slide it down first the roof of the canal, because that is the firmest part, and by following it you are most likely to carry the point in. The floor, on the contrary, is the softest, loosest, and most spongy part, and will be most likely to yield to the instrument and give way. If your first effort does not succeed, take the right side; if that does not do, take the left; if that does not do, take the floor. There is no other method so calculated to help through a difficult stricture. If you are very careful, you may make the attempt in this way for twenty or thirty minutes without doing any damage.

Injection of Oil in Stricture.—When you have a very narrow stricture to deal with, it is sometimes of use to throw half an ounce or an ounce of olive oil into the urethra, holding the meatus well round the syringe. By this plan the passage is distended, and you may sometimes succeed in passing an instrument when you have been unable in any other way. The oil must be allowed to escape during the introduction of the catheter, and the plan must not be tried at all if there is a false passage.

Stricture of the Urethra with False Passage.—When you have a case of stricture with false passage to treat, remember that the false passage commences usually on the floor, and generally at the bulbous portion of the urethra. When the instrument is in the false passage you can tell at once that it is so by introducing the finger into the rectum when only the thin coats of the bowel will be felt between the finger and

the instrument. If the instrument is in the right passage you feel the whole thickness of the prostate, not always very considerable, between it and your finger, still quite enough to show that you are in the right path. If you find the catheter goes into a false passage withdraw it an inch or two, and in passing it again keep as close along the upper part of the urethra as you can, ascertaining by means of the finger that the instrument is not passing into the old route.

Contractile Stricture.—How are we to treat a stricture which after dilatation recontracts to its original size? In one of three ways. We may rupture, over-distend, or cut the unyielding and contractile fibres which constitute the stricture. Urethrotomy is perhaps the most generally employed, and internal oftener than external urethrotomy. But the rule is generally this, that the nearer the stricture to the meatus the safer and more useful is it to cut; the deeper seated the stricture the more desirable is it to over-distend. In performing internal urethrotomy the bistourie-caché must be passed half an inch beyond the stricture, and, the knife being unsheathed to the desired extent, the stricture is divided by drawing the instrument forwards. After this a catheter must be tied in for forty-eight hours, and after that an instrument passed every third day, then every week, and so on. The plan of over-distension is to be preferred to that of rupture in those cases in which it is not thought advisable to divide the stricture, and for this purpose the instrument devised by the writer answers every end. It consists of two blades separable to any extent at one part by means of a screw in the handle. This part of the instrument is placed in the stricture. Strictures situated in the bulbous part of the urethra are more suitably treated by over-distension than by cutting.

Use of Caustics in Contractile Stricture.—Sir Henry Thompson, than whom there is no greater authority on subjects of this nature, condemns entirely the use of potash and other caustics in cases of contractile stricture. He believes them to be unnecessary, undesirable, and dangerous.

Mr. Le Gros Clark states that for many years he has been in the habit of employing potassa fusa in the treatment of old and impenetrable strictures, with the greatest advantage, and without in a single instance causing dangerous consequences. A suitable instrument, with care in using it, together with a little patience, are requisite; but these are elements of success in every operation.

Retention of Urine from Organic Stricture.—First try to pass the finest gum-elastic catheter, and if successful tie it in;

if it cannot be passed try a No. 1 silver catheter. Efforts to pass instruments should not be persevered in too long, and great care must be exercised that no injury is done to the urethra. If unsuccessful, put the patient into a warm bed, apply hot fomentations to the parts, and give opium very freely so as to relieve the involuntary straining efforts which make the case worse, and afford no relief. By this means the dribbling of urine will probably become more free, and in two or three days it will be found that a catheter can be passed. If, however, these means fail, and a greatly distended bladder be felt above the pubes, we are necessitated to puncture the bladder. The plan of opening the urethra behind the stricture has been now nearly abandoned, as it is extremely difficult to hit that passage, and a cutting operation at all generally becomes unnecessary if the urethra can be allowed to lie fallow for a few days. Mr. Cock, of Guy's Hospital, has had more experience than any one else in puncturing the bladder from the rectum. The finger of the left hand must be passed beyond the prostate until it reaches the bladder behind it, and the trochar glided along the finger to the point determined to puncture. This point is ascertained best by fluctuation being very distinct when transmitted from above the pubes by the other hand placed on the abdomen. A catheter can generally be passed a few days afterwards, and the stricture permanently cured.

Retention of Urine in a young and healthy man without Stricture.—The history of such cases generally is that the retention came on in consequence of the patient sitting on a cold stone or damp grass when overheated by exertion, or of his indulging in some emotional excitement. He will also tell you that he has had gonorrhœa at some recent period. The cause is inflammatory swelling of the prostate; its condition resembling that of the tonsils in inflammatory sore throat. The old treatment was bleeding and the warm bath; this however is bad, and must not be relied on to procure relief. The best plan is to take a moderate sized gum catheter (one not larger than a No. 6, as a large one gives in these circumstances unnecessary pain) which has been kept for some time on a stylet which has been overbent. In this manner there is generally no difficulty in relieving the patient.

Extravasation of Urine.—What happens when extravasation of urine occurs from rupture of the urethra behind a stricture? From the anatomical disposition of the fascia, the urine passes into the scrotum, up into the groin above Pou-

part's ligament, and towards the belly. The urine cannot pass backwards behind the scrotum neither can it get into the thighs. It does occasionally get as high as the chest. In such cases do not be afraid of the knife. On each side of the perineum make a good deep incision, which need not be limited to two or even three inches, because you are cutting into urine and not flesh. The incisions generally bleed rather freely. An incision should be made on each side of the penis, because if it is made in the middle line there is not sufficient communication for the incision on one side to relieve the other. When the bladder has been relieved in this way the urine continues to drain off by the incisions, and the stricture begins to improve so that in three or four days a catheter can be passed.

Simple Urinary Fistula.—Whatever part of the canal a simple urinary fistula is connected with it almost always heals if the stricture is dilated, and no other treatment is required. Sometimes the external openings are numerous and the intervening tissues much indurated. These cases generally improve a good deal by dilating the stricture well, but sometimes they are not cured by that. The external openings of the fistula should then be well enlarged so that the urine may not be detained in the parts any longer than necessary. It may be necessary to excite inflammation in the track of the fistula by a hot wire, or by touching it with nitrate of silver. If the case is not cured by these means the patient must be taught to pass a catheter for himself, and told to use it every time he makes water. The catheter must not be tied in, for the urine by capillary attraction always passes between the outside of the instrument and the wall of the urethra, and so reaches the fistulous opening.

Ozone.

THIS remarkable substance, discovered by Schœnbein in 1840, has lately been the subject of numerous researches. *Galignani* says: "Our readers know that when air or oxygen is traversed by frequent electric sparks, it acquires a certain smell similar to that which is sometimes observed after a storm, or even a strong flash of lightning. It exercises a powerful action upon organic substances, and it is this which has recently called it into notice again. It has been shown by Dr. Scharr, of Berne, that ozone, as well as substances impregnated with it, will kill animaculæ with certainty and rapidity; and, as recent researches seem to place it beyond a

doubt that most epidemics, and cholera among the number, are owing to microzoaria, great hopes are entertained of it being possible to use ozone in hospitals as a disinfectant; and, perhaps, to extend its use still further. As might have been foreseen, however, from its being a modification of oxygen, it exercises an irritating action on the respiratory organs—a drawback which must necessarily reduce its application to sanitary purposes within narrow limits.”—*Exchange*.

Poison from a Stuffed Serpent.

A most extraordinary incident occurred not long since in the drawing-gallery of the Jardin des Plantes, by which death was well-nigh caused by the bite of a stuffed serpent. M. Delahaye, the gifted artist to whose genius France owes the splendid drawings lithographed in the scientific works published by the Sorbonne and the College de France, had completed the drawing of a crotalum, one of the most dangerous of the rattlesnake tribe, and was replacing the stuffed reptile in its glass case, when the jaws, kept open by means of a spring, suddenly snapped on the artist's fingers, which bled profusely. M. Delahaye instantly sucked the wound and rushed to the laboratory for aid. Two doctors, hastily summoned, pronounced the danger imminent. They steeped the finger in a solution of alkali, and then introduced the platina needle into the wound, previously made red hot by the application of electric piles. The patient was next dosed with the usual antidotes for poison. After an hour of this treatment he was sent home. The excitement over, the *savans* inquired among themselves whether M. Delahaye's wound could have proved mortal. To ascertain the fact they sent for a rabbit, and, closing the jaws of the stuffed crotalum on the wretched animal's thigh, inflicted precisely the same wound as M. Delahaye had received. In half an hour the *savans* had the satisfaction of seeing the rabbit die in all the tortures of tetanus.

A Genuine Hermaphrodite.

DR. AVERY gives, in the *Med. & Surg. Reporter*, the details of a case which he declares to be a genuine hermaphrodite. The subject was a native of Nova Scotia, unmarried, twenty-four years of age; five feet ten inches high. She possessed

a deep, coarse voice, a masculine frame and face, with all the characteristics of an ordinary coarse woman. A careful examination revealed the following condition :

The mammæ were undeveloped ; the clitoris, resembling a penis in flaccid state, was two inches long, and half an inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existed, but a closer examination per rectum and bladder could not discover any trace of a uterus ; the meatus urinarius and vestibule were perfect ; the right labium major was quite natural and of usual size ; the labia minora were traceable, but in the folds of the left labium there appeared a large pendent tumor, resembling the left *testicle* of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic cord ; the epididymis appeared to be natural ; in fact, everything resembled a *testicle*.

To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her.

After removal, the tumor was examined by Dr. Lord, Dr. E. W. Avery and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa ; in fact, it was declared a *testicle*.

This being the only case, I believe, on record, where a *testicle* has been discovered in a *woman*, it will naturally interest many. The *fact* can now be settled, that such a thing as a hermaphrodite has existed.

Modern Pharmacy.

IF the vast benefits of reform practice attest the labors of Eclecticism a success, they do no less proclaim the remedial agents in use, the motive-power to that success. All good that can be derived from thought or theory, must come through action and practical labor. The conception of reformatory practice could not, of itself, be practical until substance, in the shape of new combinations and a wider range of remedial agents, bore up and carried out the design.

Argument is not essential to prove that vast changes have

been effected, in our own recollection, in the general theory of practice, and particularly in the administration and choice of medicines. If the medical world would ascribe radical changes in medication to equally radical changes of the human constitution and necessities, for the sake of humanity, allow it. If the general opinion has changed relative to the choice of medical agents, and the vegetable kingdom, rather than the mineral, is now the subject of investigation and of peculiar interest, allow that. Then the point of fact and date of these changes, are in time with the rise and progress of Eclecticism. That being the element of warfare upon the past, it is reasonable to argue that reform practice is the power that has exposed in all its repulsive nakedness the imperious medication of fifty years ago. This fact is all the more pertinent from there having been no encouragement offered by the established practice for the advancement and development of such changes and reforms. Medical statistics have fixed the success of reform theories based upon the introduction of modern remedies. Many of these remedies have now a place in the recognized Pharmacopœia, and are agents for good. The source from whence they came is unnoticed, but the history of their origin cannot be concealed. While Eclectic practice and its pharmacy are so inseparably connected, there can be no more important undertaking than a medium of perpetuity to the remedies so potent in the hands of reform, upon an established pharmaceutical basis.

We would not build up distinctions between schools, but rather level all to one general spirit of harmony. Yet since Eclecticism has been made to stand alone, it is proper that its remedial agents should constitute it own peculiar Pharmacopœia. There are reasons why it should be established aside from its distinctive position; and there can be none more vital, than that our compounds may be spared the prevailing disposition for change, in that which experience has decided as effective and perfect. Confusion threatens to involve our established agents into an inextricable mass, and unless order is thus assured, there can be no certainty in the name and no efficacy in the preparation. It has so far become the disposition of physician and druggist to raise each his own standard, that it is now a necessity in self-protection to both the honest pharmacist and the successful practitioner, that there should be an unerring guide.

No practical pharmacist or well-informed physician would claim that all of our preparations have reached a state of essential perfection. Of many articles time, intelli-

gence and zeal must operate in their behalf. The universal demand for medicines in a concentrated form, made a general list of resinoids a natural result. The demand was met by manufacturers in many impure, unreliable and unscientific preparations. They produced resinoids that science will never approve, because such preparations cannot be obtained. They are made to-day, and sold because the profession will have them. If one pharmacist does not make them, another will. The profession must be enlightened, false teachings corrected, speculators discountenanced and Eclectic pharmacy elevated to a science before reliability can be established and imposition be prevented. Already the disappointment resulting from many of the resinoids has given birth to that most perfect system of remedial agents, essential or concentrated tinctures, than which no form will meet more indications.

Another source of evil to the profession presents itself in this, that what are called Eclectic preparations often differ from pure chemicals or chemical compounds in being simply mixtures. True, these have been legalized or established by the American Dispensatory, and should be as invariable as the active principle of a known agent or the result of a strictly chemical action. But the pharmacist is called upon to make a compound after a recipe given by some obscure writer; or is called upon to meet the suggestion of another who would experiment; or supply an article like that of a manufacturer in New York, or St. Louis, or Chicago, or Cincinnati, or perchance in an unknown village, and from an unknown source. The purity of the compound is lost in the multitude of suggestions and improvements; and it cannot be surprising that dissatisfaction and unreliability should be the result. One man may have an equal right with another to set up a formula for the profession, but is the public benefited, and is success insured to the physician by changes and variety in the same compound? Worthless remedies must, in this manner, become confused with those of established reliability. With this view, is it possible for Eclectic practice to maintain its identity but by an absolute pharmacy? Whether this object be reached by a conference of practitioners and druggists from every point of the American compass, or by the effort of an individual aided by competent pharmacutists, is of little moment. That Eclectic compounds may be established upon an unchanging basis, not subject to the vagaries of fancy, and such as shall only receive the countenance of the profession, is the desired and important end.

But not the intelligence of the past, nor the demands of the future will insure success, save that a wider spirit of liberality shall exist within Eclecticism itself. Competition has depreciated the pecuniary value of Eclectic preparations, and that competition in the hands of the unscrupulous has depreciated their medicinal value, until dishonesty would seem a reward and deception a virtue. The honest pharmacist is thus denied the specific encouragement he should receive, and the well meaning practitioner the success he should naturally expect. Cheap medicines at the expense of purity and potency, have so far been the choice, that the support of impurities would seem to have received the countenance of Eclecticism itself. It is wise in the profession to protect itself from imposition and extortion, but is it not rather wisdom to make sure of remedial agents that will certainly meet the indications they require, though it be at the expense of a fraction more? A knowledge of the embarrassments under which the conscientious pharmacist labors has called up the subject, and I cannot conceive that it can be more in place than before this body and under the present circumstances. Its introduction to Eclecticism everywhere is vital.

Eclecticism has been a triumph and its remedial agents have been no less a success. Once without the old highway of medication, and adrift upon the wide ranges of reform, not the established remedies nor the unchanging modes of preparation could longer restrain. Freedom from the absolutism of the one claimed an equal freedom in the other.—*Dr. Abner Thorp, in the Ohio E. M. Jour.*

Syphilis Communicated to a Wet-nurse.

DR. HENRY LEE, of London, in the *Lancet* of June 13, records a case in which there is no doubt that secondary syphilis was communicated to a wet-nurse by a babe. The report says :

Some spots appeared on the child's mouth when a fortnight old ; and it subsequently had eruptions in other parts of the body.

I saw the wet-nurse five months after she had commenced nursing the child. There was a circumscribed, oval, elevated, discolored patch, covered with thick epithelial scales, an inch below and to the outer side of the left nipple. This was of much firmer consistence than the surrounding parts, but wanted the characteristic induration of primary syphi-

litic sores on other portions of the skin. A gland in the axilla was considerably enlarged, very hard, and accurately circumscribed. The remains of a well-marked, copper-colored eruption were distinctly visible on different parts of the skin, especially upon the arms. The spot on her breast had commenced, she said, soon after taking the child to nurse. Her own child, which was quite healthy, she had not nursed. She had never suffered from any enlargement of the glands in the groin, nor from any local symptom. Her husband, whom I saw, appeared a perfectly healthy man.—*Medical Record*.

Swallowing of a Fork, Perforation of Stomach and escape through Abdominal Walls.

A most remarkable case of traumatic abscess is reported in the *Medical Gazette* of Strasburg, as occurring in an insane asylum at Zutphen. The patient was a woman 64 years old, affected with lypomania, who had swallowed a silver fork for the purpose of committing suicide. She was received into the asylum two days after accomplishing this feat, and the physician had no difficulty in detecting the foreign body in the stomach. The teeth of the fork were in the cardiac portion, directed upwards and forwards, the handle lying backwards, in the pyloric extremity. The patient complained of no pain, only a sensation of weight and oppression at the stomach. During the first days, she was submitted to entire repose, severe diet, and expectation. A slight febrile reaction gradually established itself, and the patient at last complained of pain in the left epigastric region. These symptoms continued without aggravation during three months, and then gradually subsided. At this time the teeth of the fork disappeared from the place where for so long they had been plainly perceptible, and instead was discovered a singular tumor in the abdomen, to the left of the umbilicus, which occasionally had the air of a gravid uterus at four months. It was impossible to decide upon the nature of the contents of this tumor, in which no sign of the fork could be perceived. The pain was trifling, the pulse at 72; stools easily obtained by enemata. A slight febrile reaction occurred later, but the digestion always remained undisturbed.

Five months later, the tumor, which till then had been quite round, began to point. The abdominal walls were not adherent. In the course of the following month an abscess

formed; the integuments gradually reddened and thinned, and the tumor opened spontaneously, and gave issue, first, to a small quantity of pus, then to liquid fæcal matters. About a week later, at the morning visit, the physician was surprised at perceiving the four teeth of a fork behind the abdominal wall, close by the fistulous opening. By prudent manipulation, it became evident that the foreign body was only retained in place by the integuments, and in effect, after a couple of lateral incisions, the fork was easily extracted in the perpendicular direction that it occupied to the abdominal wall. The handle was entirely surrounded by extremely fetid fæcal matters; a great number of crystals of phosphate of lime covered the teeth of the fork, which had turned black from a coating of sulphate of silver.

The patient, who during the last days had suffered a good deal of pain, was immediately relieved after extraction of the fork. The fistula was simply dressed, and healed without difficulty, a firm cicatrix being established by the end of a month. For some time longer, the neighboring parts remained infiltrated, but even this infiltration gradually disappeared, and the patient was completely restored to health.

As the tumor had always remained on the left side of the abdomen, it seemed evident that the fork had not traversed the length of the intestinal tube, but passed directly from the stomach into the transverse colon, after an adhesive inflammation had established solid connection between the two organs. It was inferred that the crystals of lime salt had been deposited on the teeth which had arrived in the colon, while the handle still remained in the stomach.

It is extremely remarkable that the general health was so slightly deranged by the ten months' sojourn and peregrinations of a foreign body in the stomach and intestines. Perhaps the mental alienation of the patient may be presumed to have blunted the general physical sensibilities, a circumstance frequently observed in the pathology of the insane.—*Corresp. Med. Record.*

Treatment of Diphtheritic Exudations.

BY SOLVENTS.—In the *Reveu de Therapeutique Medico-Chirurgicale* for January are detailed the results of certain experiments instituted by Dr. Ch. Ozeneam, with a view of determining the best solvents for diphtheritic exudations.

He found the ammoniuret of copper (liquor of Schwitzer) the most immediate and ready solvent. The dose is from 2 to 20 drops of the liquor during the day, in one or two glasses of water. It cannot be given to children on account of its bad taste. He prefers to use an aqueous solution of bromine in the proportion of about one drop in 25 to 30 grammes (about an ounce) of pure water. It must be kept in a well-ground glass-stoppered bottle, and in the dark, and when it loses its amber color it should be renewed. This solution is to be given in drops every hour, in as many teaspoonfuls of sweetened water, so as to give one or two grammes (36 grains) of the solution in 24 hours. When well sweetened, children take this without difficulty. He gives the bromine in fumigation in the following manner: He takes a bowl of boiling water and places over it a funnel of glass or of paper. He puts into the water a large pinch of bromide of potassium, or of common salt, and afterwards adds gradually two or three times, within the space of from five to ten minutes, a teaspoonful of the bromine water. The patient must inhale slowly and deeply the vapor, which, mixed with the steam of the water, does not produce any irritation. The success of Dr. Onachan was most gratifying, as one hundred and fifty cases of membranous croup were cured by this simple method. He had only failed in four or five cases. While recommending this as the principal remedy, he advises that other means which seem to be called for should not be neglected.

BY IODINE INHALATIONS.—Dr. Curran, in the *Lancet*, speaks highly of the inhalation of iodine combined with sage and hot vinegar, in the treatment of diphtheria. The following is the formula he employs for inhalation purposes: iodine, iodide of potassium, of each four grains; alcohol, four drams; water, four ounces. For each inhalation he takes of this solution one dram; adds it to a pint of vinegar infused with a handful of dried garden sage, placed in a common inhaling jar, steadily increasing the quantity of iodine solution until he arrives at half an ounce each inhalation. The average number of inhalations he uses is twelve per diem. This, of course, varies with the age and strength of the patient, severity of the attack, and other attendant circumstances. In addition to this he prescribes large quantities of wine and ammonia, strong beef tea and ice, and counter-irritants over the chest. This treatment was attended with wonderful success.

EDITORIAL.

Brooklyn Eclectic Medical Dispensary.

At a recent meeting of the Brooklyn Academy of Eclectic Medicine, the following preamble and resolution were passed unanimously.

Whereas, There are thousands of poor people in the city of Brooklyn who are suffering for want of proper medical aid, and who are utterly unable to pay for the same; and in view of the fact that our school is not represented by any charitable institution of the kind in this city, therefore, be it

Resolved, That this Society take immediate steps to inaugurate an Eclectic Medical Dispensary, in the city of Brooklyn, that shall be FREE TO THE POOR, and that we proceed to memorialize our City Council and also the State Legislature, for suitable appropriations to establish the same on a permanent basis.

We are gratified at being able to announce the establishment of this institution, which will place the beneficent advantages of Eclectic Medicine within the reach of the poor of Brooklyn. It is an evidence of enterprise and effort on the part of the physicians of our school, and we would be glad to see the formation of these much-needed charities elsewhere. In no way can our system sooner gain recognition and favor than by introducing it among all classes and demonstrating its superiority by results in practice. From the character and standing of the Board of Directors who have inaugurated this enterprise, we have no doubt but that it will prove an entire success; while the well known professional abilities of the gentlemen who have been appointed on the medical and surgical staff, are a sufficient guarantee that its duties will be discharged in a manner conducive to the best interests of the sick and creditable to the school of medicine which they represent.

Already efficient means have been taken to secure a suitable building in a central part of the city, and to provide it with all the essentials to place it in active working order.

Mrs. Moody's Self-Adjusting Abdominal Corset.

WE would call the attention of our readers to the above useful and practical invention, forming as it does a valuable adjunct to the

treatment of many diseases of the abdominal and pelvic viscera. Mechanical support, when properly and judiciously applied, has now come to be recognized as constituting a most efficient aid in the treatment of many affections of the uterine system. Almost every physician in his practice meets with cases of uterine prolapse or weakness where the best directed constitutional means are only attended with *partial* success. The explanation of this partial failure will be found in the fact that the mechanical element in the pathology of these diseases has been entirely left out of consideration; and so soon as judiciously directed mechanical support is brought to bear, the improvement is immediate and decided.

The philosophy of this is simple, and readily apparent from a consideration of the physiological relation of the muscles involved. It is a well known fact that when, from tight lacing or other causes, the abdominal muscles become flaccid and relaxed, the weight of the contained viscera pressing upon the uterus causes prolapse and other forms of displacement of that organ. This corset is so constructed and adjusted to the body that it gives support to the anterior and lateral walls of the abdomen, and thus diminishes the superincumbent weight. When this strain is taken off the pelvic organs have a natural tendency to resume their normal position and relations. The senior editor of this REVIEW has recommended these corsets since their introduction. A great number of his patients are now wearing them, and could not be induced to dispense with them.

NEWS AND MISCELLANY.

NEW YORK CITY ECLECTIC MEDICAL SOCIETY.

THE regular monthly meeting of the New York City Eclectic Medical Society was held at the College Building, 223 E. 26th St., at 8 o'clock, P. M., Sept. 16. The president, Dr. E. Whitney, in the chair.

The minutes of the previous meeting were read and approved.

Dr. A. W. Russell, of Albany, being present, was called upon to report on the state of Eclectic medicine in his vicinity. Dr. R. responded in a very satisfactory manner, informing the society of a new district organization already in working order, and everything indicating increased prosperity and usefulness.

The society next entered upon the discussion of the therapeutic value of Asclepin.

Dr. P. W. Allen spoke of the well-known powers of *Asclepias Tuberosa*, of its having been long depended on in the treatment of febrile diseases, until more lately *Gelsemium*, *Veratrum* and other agents have come into more common use. He alluded to an article in the *Medical and Surgical Reporter*, stating an instance of its successful use as a uterine tonic.

Dr. Robert S. Newton had used *Asclepias* and the concentrated powder *Asclepin*; thought the latter fully answered the purpose in all cases equally well with the crude article. He accounted for the frequent failure of the action of remedies in many cases by an improper state of the digestive system. This difficulty he often obviated by such stimulants as *Capsicum* and *Xanthoxylum*, sometimes given in conjunction with *Podophyllin*. The same principle obtained in intermittent and other forms of fever, in all cases in which it was necessary to use preparatory medication before administering the tonic febrifuges. Dr. N. spoke of having used it in puerperal cases with chloroform, and considered it a tonic.

Dr. O. S. Gregory mentioned the fact that he had found in cases of gastro-intestinal irritation a tendency of the drug to excite increased action of the bowels. He found it best administered combined with small quantities of *Lobelia*.

Dr. Jas. Day inquired, what are the conditions in the case above noted, in which *Asclepias* had been used as a uterine tonic, and how it had been used, &c. It was very important that remedies should be so used as to test their individual merits, and everything bearing on the pathology and general character of the case carefully noted. We ought, as far as possible, to use remedies alone, to prevent ascribing fancied virtues to any one remedy, and still to give due weight to all the curative effects produced.

The record of the case being read, it was not considered as proved that the action of *Asclepias* was in any special manner tonic to the uterus. Dr. Russell had used *Asclepin* to some extent; did not think it as efficient as crude *Asclepias*. Referred to the action of different remedial agents in the different tissues, and considered *Asclepias* a stimulant to the capillary system of the skin. Alluded to a recent case in his practice in support of this opinion; also for barrenness. Dr. Allen had used *Asclepias* as an anti-nauseant, also for vomiting of pregnancy.

Dr. Newton, in speaking of the action of remedies, alluded to the effect of *Dioscorein* in controlling pain in bilious colic, which morphia aggravates, also of its successful use in cholera infantum. Mentioned a case of aneurism, treated by some of our "Allopathic brethren" for pneumonia, with blisters and the like. The excessive vomiting which had continued for weeks, was arrested by the first dose of *Gelsemium* and *Dioscorea*, and the pain was alleviated from time to time until his death, which took place in a few days.

Dr. Day mentioned a case in which hæmatemesis was a prominent symptom. The *Dioscorea* combined with *Gelsemium* was here equally effective. Next day menstrual flow appeared. Related

another case which he had treated with *Asclepias*, *Tr. Serpentariæ* comp. and *Syr. Helianthus* comp., in which there was chronic pleurisy, chronic pneumonia, with intestinal irritation. Menstruation was reëstablished soon after. Speaking of cholera infantum, he had found from a number of cases treated mostly at the Eclectic Medical Dispensary, that neither *Gelseminum* nor *Dioscorea* would stop the vomiting, while their combined action was in all cases successful.

Dr. Russell said that nature was the great agent in the relief of disease, a little medicine only being necessary in many cases to guide her operations. Dr. R. spoke of the prompt action of minute doses of the Tincture of German Chamomile (*Matricaria Chamomilla*) in relieving dysmenorrhea attended with a dark "tarry" discharge.

Dr. Day recommended that chloroform be diluted with 5 parts of alcohol, making a mixture which would readily mix with water or any fluid.

The committee on annual dues reported a new Article amending the constitution, providing for the payment by each member of an annual fee of two dollars, to be made on the 1st of January of each year. Laid on the table.

It was also moved that the constitution be so amended that the monthly meetings of the society be held on the second Wednesday of each month.

Drs. Wilder and Merwin were appointed essayists of the October meeting.

Dr. Newton announced the purchase of the building occupied by the Eclectic Medical College.

Dr. Allen proposed two sessions per month. Dr. H. E. Firth, of Brooklyn, suggested as a substitute, that the society attend the meetings of the Brooklyn Academy of Eclectic Medicine on the 1st Wednesday of each month.

On motion, the society adjourned.

J. H. FITCH, M. D., Secretary.

ADVANTAGES OF GROANING AND CRYING.—A French physician publishes a long dissertation on the advantages of groaning and crying in general, and especially during surgical operations. He contends that groaning and crying are two grand operations by which nature allays anguish; that those patients who give way to their natural feelings more speedily recover from accidents and operations than those who suppose it unworthy a man to betray such symptoms of cowardice as either to groan or cry. He tells of a man who reduced his pulse from 126 to 60 in the course of a few hours, by giving full vent to his emotions. If people are at all unhappy about anything, let them go into their rooms and comfort themselves with a loud boohoo, and they will feel 100 per cent. better afterward. In accordance with the above, the crying of children should not be too greatly discouraged. If it is systematically repressed, the result

may be St. Vitus's dance, epileptic fits, or some other disease of the nervous system. What is natural is nearly always useful; and nothing can be more natural than the crying of children when anything occurs to give them either physical or mental pain. Probably most persons have experienced the effect of tears in relieving great sorrow. It is even curious how the feelings are allayed by their free indulgence in groans and sighs. Then let parents and friends show more indulgence to noisy bursts of grief—on the part of children as well as of older persons—and regard the eyes and the mouth as the safety valves through which Nature discharges her surplus steam.

SIMILIA SIMILIBUS CURANTUR.—Says a learned Bohemian: "Homœopaths will be aghast to learn that they have been burning incense at the wrong shrine. Whatever claims Hahnemann may have upon their admiration and gratitude, he did *not* discover the principle that 'like cures like.' The learned Synd Ahmed Bahador is the iconoclast who has stripped the German *savant* of his borrowed plumes. In a lecture delivered at Benares, he asserted that the *similia similibus* maxim is only a little more modern than the Himalayas. It is laid down in the sacred books of the Brahmins, and has been current among the Arabs from immemorial times. These insatiable orientals seem determined to leave us nothing upon which to nourish our self-conceit."

CHRISTIAN AND HEBREW LIFE.—It may not be generally known, even by Life Insurance Companies, whose study is life, how much larger is the average life of the cautious and forbearing Israelite to that of the reckless and indulgent Christian. It is asserted by Dr. Michael Levy, a French physician, in his *Annals of Public Hygiene* for 1866, that the average duration of life amongst the Christian population is twenty-six years, whilst among the Jews it is thirty-seven.—*Ins. Reporter.*

THE SEVENTEEN-YEAR LOCUST PLAGUE.—In our recent trip through some of the Western and Southern States we observed the effects of these periodical visitors in Maryland, Ohio and Tennessee. They came in millions. We clip the following from a Washington paper of July, 1868:

"After a fortnight made vocal with the multitudinous hum of the *cicada* (wrongfully called locusts), they have sunk into infinite space with a disappearance so total that not a specimen can now be found alive. This remarkably rapid exodus is on a par with their equally sudden appearance; but they have left behind them traces ineffaceable till another year of their short-lived two-weeks possession. The trees and shrubs for miles around the Capitol are spotted with dead leaves, great clumps of gray and brown and yellow sprinkled all through the green, and presenting a most mournful and funereal appearance to the eye. Not only the small trees and flowering shrubs are thus afflicted, but the malady extends to the tallest monarchs of the forest, which are seared in their proudest branches as with a hot

iron by this all-devouring pest of the insect world. The periodicity of this visitation seems to be its most remarkable feature, and has been strictly observed in Maryland ever since more than a century ago. The "locust years" in this vicinity were 1749, 1766, 1783, 1800, 1817, 1834, 1851 and 1868. As the first published notice we have of the seventeen-year locust in America dates back to Plymouth, in 1633, it is a plague recurring through centuries that we have just experienced.

IDENTITY OF SUBSTANCES IN THE THREE KINGDOMS.—It is not thirty years since the presence of ammonia in the products of the distillation of coal was considered very curious, because nitrogen was thought to be the characteristic of animal substances. Gradually, year by year, each substance that has been thought to be the property of the vegetable world, has been found to occur in animals. Thus, sugar, starch, woody fibre, vegetable coloring matter, as indigo, albumen, &c., &c., are common in animals and vegetables, and at length we have arrived at the fact that no distinction can be drawn between the kingdoms of nature.

BIRTHS, DEATHS, AND NAMES.—The records of births, deaths and marriages kept in Great Britain for thirty years past, now include the names of about 39,000,000 of persons, all reducible to about 30,000 family names. Of them the following have the largest number of representatives, and in the order given: Smith, Jones, Williams, Taylor, Davis, Brown, Thomas, &c.

A POWERFUL HYPNOTIC.—Hyoscyamine in combination with opium produces the most powerful hypnotic action possible. Each increases the effect of the other. Quantities of morphia and hyoscyamine, which of themselves are insufficient to produce sleep, will, when combined, speedily induce that condition.—*Selection from Guestionian Lectures.*—*Med. Gazette.*

DEPILATORY.—For hair that will persist to grow where it ought not, a mild depilatory like the following may answer: Dry carbonate of soda, two parts; quicklime, one part, in powder, mixed with lard, eight parts.—*Drug Circular and Chem. Gaz.*

§ FOR THE TOOTHACHE.—At a meeting of the London Medical Society, Dr. Blake, a distinguished practitioner, said that he was able to cure the most desperate case of toothache, unless the disease was connected with rheumatism, by the application of the following remedy: Alum, reduced to an impalpable powder, two drachms; nitrous spirits of ether, seven drachms; mix and apply to the tooth.

VERATRUM VIRIDE IN CONSTIPATION.—In an obstinate case of habitual constipation, Dr. T. C. Miller (*Journal of Mator. Med.*) gave three drops, five times a day, of the tr. of veratrum viride, and in the course of two weeks effected an entire recovery.

LOCAL TREATMENT OF SOFT CHANCER.—The application of carbolic acid causes the rapid destruction of the ulcerating surface, with de-

composition of the poison, and without any considerable degree of pain. The surface of the sore is turned white by the acid; this becomes a thin dry yellow scab, which separates in about two or three days. The application should be repeated to the third or fourth time, when it may be found that the sore has healed under the scab. The healing of the sore is generally completed in an average of ten to fourteen days.—*British Med. Journal*.

UNITY OR NON-UNITY OF THE NEGRO AND WHITE RACES.—In a letter to the *Richmond and Louisville Medical Journal*, Dr. E. B. Turnipseed says: "I am not aware that it is known to the scientific world, that the hymen of the negro woman is not at the entrance of the vagina, as in the white woman, but from one and a half to two inches in the interior, with a passage below for the escape of the menses. I have examined a good many cases and have found this invariable. This I thought to be abnormal at first, but finding it constantly situated as above described, in examining cases during a practice of fifteen years, I have concluded this may be one of the anatomical marks of non-unity of the races. I will say, further, that in this race I have never found the hymen situated as in the white race, at the entrance of the vagina."—*Medical Record*.

EAR-ACHE.—Dr. D. D. Spear recommends the tr. of digitalis in this affection. His recommendation is to drop one or two drops into the ear and then exclude the air with a piece of dry cotton.—*Richmond and Louisville Med. Journal*.

CANCER A LOCAL DISEASE.—Charles H. Moore (*St. Bartholomew's Hosp. Reports*) has contributed an interesting article, showing that cancer is, at its origin, in all cases a local affection; and hence an early and complete extirpation is the mode of treatment to be adopted. This doctrine of the pathology of cancer is now rapidly growing in favor with pathologists.

A BREEDING MULE.—A curious occurrence at Mont-de-Marsan has been communicated at a recent meeting of the Société impériale d'acclimation, namely, that a female mule of 12 years of age has dropped a male colt, born at term and perfectly formed; the dam gives milk and the foal sucks, but the mother manifests a profound indifference for her offspring and does not exhibit the slightest solicitude when separated from it.—*Gazette hebdomadaire*, No. 20.

WOOD'S STYPTIC FOR HÆMORRHAGES.—Prof. James R. Wood makes use of the following styptic in hæmorrhages: \mathcal{R} Liq. ferri persulphat., $\bar{\text{z}}$ j.; alumen, q. s., so as to form a paste.—*Med. Record*.

NUX VOMICA IN THE DYSPEPSIA OF HYPOCHONDRIACS.—Professor Trastour, of Nantes, has occasion to highly praise the employment of nux vomica in all forms of atonic dyspepsia, and especially as a relief for the painful digestions so common among the hypochondriacs. His theory is based upon the two facts, that nux vomica stimulates and regulates the activity of the spinal cord, especially in

regard to its reflex action, and that the integrity of the functions of the grand sympathetic is subordinated to the regular accomplishment of the functions of this part of the nervous system.

The following is a useful formula :

R—Pulv. nux vom. 1 to 4 grammes,
 Pulv. cassiæ lignæ 2 “
 Carb. calc. or carb. mag. 2 grammes.
 M.—ft. pulv. 20.

One powder at the beginning of each meal, in unfermented bread.
 —*Med. Record.*

LONDON HOSPITAL WORK.—According to hospital statistics recently published in the *Lancet*, it appears that fourteen metropolitan hospitals, to say nothing of the numerous smaller and special institutions in existence, given annual relief to over 33,000 in-patients, and to more than 550,000 out-patients. Or, taking the gross total, it will be seen that nearly a fifth of the three million inhabitants of London received relief from public charity, supposing the same patient to be relieved but once in the year. With regard to the out-patients, it appears that their number at each hospital (allowing a proportionate deduction for casualties at those hospitals where the numbers are not stated separately) ranges from 10,000 to 20,000 per annum, depending both upon the locality of the institution and the strictness with which governors' orders are required.—*Medical Record.*

CHILDREN BORN WITH TEETH.—M. Guéniot (*Med. Times and Gazette*) related to the Société de Chirurgie, a case of an infant, nine days old, exhibiting the two middle upper incisor teeth, which looked like two solid shells covered with enamel. He also speaks of several celebrated persons who were born with teeth, such as Mirabeau, Mazarin, and Louis XIV.

THE Medical Department of Vienna University has 46 Professors.

TREATMENT OF THE HABIT OF OPIUM-EATING.—A writer in the *British Med. Journal* says: “The sudden suspension of the habit is infinitely more efficient and easier to the patient, than the gradual diminution of the dose. The administration of large doses of phosphoric acid, and lupulia, materially helps the system in overcoming the effects of the immediate suspension of the drug, and in checking the craving for a further supply. Zinc, iron, and quinine, in large doses, also assist powerfully, at a later period, to restore the impaired health and strength of the patient. I feel certain that the sudden and complete suspension of the drug is less trying to the physical and moral powers, than a gradual diminution of the quantity; because, after every dose, however small, the same reaction takes place, the physical and mental craving remains the same, the temptations to an occasional increase are so many, and the trial is so protracted and exhausting, that very few have the courage to persevere.”

PURIFYING A ROOM.—Recipe for purifying a room: Set a pitcher of water in a room, and in a few hours it will have absorbed all the respired gas in the room, the air of which will have become purer, but the water utterly filthy. The colder the water is, the greater capacity to contain these gases. At ordinary temperatures a pail of water will contain a pint of carbonic acid gas, and several pints of ammonia. The capacity is nearly doubled by reducing the water to a temperature of ice. Hence, water kept in the room awhile is always unfit for use. For the same reason, the water from a pump should always be pumped out in the morning, before any of it is used. Impure water is more injurious than impure air.

"SOROSIS, OR LADY'S CLUB.—The correspondent of the Louisville Courier, having attended the Press Dinner, and met several members of the "Sorosis," made the following remarks:

The principal, in fact the only, objection made to accepting the invitation of the Press Club, was the coloring that it was thought it might give to the report that "Sorosis" had departed from its original idea, but such a concession to gossippers it was concluded not necessary to make, and the acceptance had at least the effect of refuting some of the malicious stories that have been circulated.

I think no one present who saw Miss Alice Cary occupying the seat of honor, at the right hand of the chairman, Miss Phebe, with her bright face and manner, Mrs. Le Vert, with her always gentle courtesy and kindly smile, Mrs. Horace Greeley, who if she had not been Mrs. Horace Greeley would have been known as something greater on her own account, and Mrs. Wm. H. Burleigh, once one of the most beautiful, and now one of the most graceful women in New York society, but would confess to themselves that it must have been a good thought that drew such women together.

CURIOUS EXPERIMENT.—In this month's *Revue Populaire*, of Paris, Dr. Bader, gives the following curious experiment, made by Dr. Claude Bernard:—If oxygenized blood be injected into the arteries of the neck immediately after decapitation, warmth and sensibility return; the eye gets animated and displays such strong perception that a hammer shaken before it will cause it to wink and look sideways.

HOMŒOPATHY.—Dr. Boscowitz, a distinguished Homœopathic physician of Brooklyn, in an address before the Convention of Homœopathists recently in New York, on the practice of the school of Hahnemann in this country, said:

"Hahnemann's system of homœopathy has been translated in this country by Dr. Hempel, but this translation is one so colored by the Doctor's peculiar views, and so far from being a literal interpretation of the great German's ideas, that it is almost useless as a text-book. Dr. Hempel is a one-idea man. Aconite with him is the great remedy for every ill that flesh is heir to. With the *materia medica* of homœopathy translated by such a man, what wonder is it that homœopathy,

as Hahnemann taught it, should be comparatively little known in America? The majority of its practitioners are men professionally uneducated in the full truths and practice of the system. The members of the strict school of homœopathy, commonly known as high dilutionists, are few and far between.

“ Even in the Homœopathic College is the Hahnemann practice ignored, and the ideas of the American school are substituted. For instance, the Professor lectures on quinine as a remedy in intermittent fever. Such a remedy is not known in the Hahnemann school.”

THE CHOLERA IN HAVANA.—During the month of July, 1868, twenty-five hundred cases of cholera and nearly fourteen hundred deaths occurred in Havana. The following table shows the progress of the epidemic:

		Cases.	Deaths.			Cases.	Deaths.
July 1.....	103	.....	57	July 16.....	83	.....	41
July 2.....	122	.....	62	July 17.....	64	.....	40
July 3.....	138	.....	67	July 18.....	100	.....	50
July 4.....	168	.....	73	July 19.....	69	.....	33
July 5.....	144	.....	79	July 20.....	41	.....	21
July 6.....	145	.....	70	July 21.....	45	.....	26
July 7.....	157	.....	74	July 22.....	39	.....	20
July 8.....	170	.....	97	July 23.....	57	.....	37
July 9.....	119	.....	78	July 24.....	39	.....	17
July 10.....	138	.....	74	July 25.....	39	.....	15
July 11.....	96	.....	77	July 26.....	34	.....	27
July 12.....	101	.....	55	July 27.....	31	.....	23
July 13.....	86	.....	48	July 28.....	28	.....	10
July 14.....	75	.....	48	July 29.....	14	.....	12
July 15.....	69	.....	40	July 30.....	11	.....	9
Totals.....				2,525..... 1,371			

The health of the city continues to improve, and the cholera has now ceased to excite much interest.

The yellow fever has not increased in violence, but the cases, though few in number, are unusually fatal.

A SINGULAR CASE.—The following very remarkable case is given upon the authority of Dr. S. P. Crawford, in the *Nashville Journal of Medicine and Surgery*: A Mrs. James, of Washington Co., Tenn., was burnt to death by the explosion of a kerosene oil can. The face, legs, arms, and abdomen were completely vesicated, and the skin in many places was entirely destroyed. She was in the last stage of gestation, and lived only twelve hours after the accident. The movements of the child were distinctly felt three or four hours after the accident. A short time before the death of the mother she gave birth to a child. The child was at full maturity, but still-born. It bore the marks of the fire corresponding to that of the mother. Its legs, arms, and abdomen were completely vesicated, having all the appearance of a recent burn.

REMARKABLE CASE OF ENCEPHALOID CANCER OF THE EYE CURED.—In August, 1865, we witnessed, in company with several of the journalists of this city, the removal of a terrible cancer, involving the en-

tire left eye of William Kenna, a child of about five years of age. The case had been examined by many of the leading surgeons of the city, and all had pronounced the case beyond all possibility of cure. The operation was performed by Dr. Robert S. Newton, President of the faculty of the Eclectic Medical College of this city, and a perfect cure was effected. Notwithstanding the statement by all surgical writers that such a case was never known to have lived through the first year after an operation had been performed, we saw Master Kenna a few days since, now over three years since the operation was performed, and he was one of the most hardy and robust lads we have seen for many a day. This cure was the result of a method of treatment discovered and developed by this eminent Eclectic surgeon. —*N. Y. Weekly Tribune, Sept. 9th, 1868.*

OBITUARY.

DR. ELLSWORTH BURR.

DURING the past year *death* has invaded our ranks, and taken from our midst one who has often gathered with us in our councils, and imparted words of advice, wisdom, and cheer; which has added largely to the interest of our association. A pioneer in the cause of liberal medicine has departed; one who has borne largely the privations, and I may say violent opposition, and perhaps contumely, incident to the early history of medical reform in this State, has been summoned to his reward. Doctor Ellsworth Burr, of Middletown, departed this life on the 25th day of July last, at the age of 53, having been engaged in the practice of his profession nearly thirty years. After pursuing the requisite studies, he engaged in practice early in the year of 1838, in the office which he occupied when stricken down by disease.

Possessing a vigorous physical constitution, and being endowed with a sound and matured judgment, possessing in a remarkable degree those discriminating qualities, that rendered his diagnostic powers generally accurate; and his therapeutic skill being fully commensurate, he early acquired an enviable medical reputation, which gave him an extensive and remunerative practice, in which his success gained him a large circle of warm and admiring patrons.

In the year 1855 he was elected to the chair of Theory and Practice in the "*Worcester Medical Institution*," which position he occupied in an acceptable manner, for the period of two years: when, owing to the large demand for his professional services in his adopted city, he resigned.

As a teacher of medicine he gave great satisfaction to his classes, as well as to his coadjutors, for his courteous, dignified, and gentlemanly deportment, as well as for his soundness of doctrine, and the earnestness with which he inculcated what he believed to be philo-

sophical and rational medical truths. His large experience rendered him capable of making his teachings in an eminent degree practical.

Social in his domestic relations, genial and confiding as a friend, he won the esteem of all with whom he associated. Highly respected in the community in which he resided, he was awarded offices of honor and trust, both legislative and municipal; having served as representative from his town in the General Assembly, as well as a member of the Common Council and alderman of the City Government, also a member of the Board of Education in his city. But death has summoned him to his last resting place on earth, and we, as a society, as well as individuals, are called to mourn his departure—his family a faithful companion and counsellor, and the community in which he lived a valuable physician.—*Proceedings of Conn. Eclectic Med. Society, May, 1868.*

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ORIGINAL COMMUNICATIONS.

The Eclectics of Former Times.—No. 2.

BY ALEXANDER WILDER, M. D.

HAVING given due attention to the history of the Eclectics, it is now proper to delineate the principal features of their doctrine. These were substantially identical with the philosophy of Plato. Hence they are likewise known at the present time by the designation of New Platonists. Plotinus declared that God is one, and that the Universe is not God, nor a part of God; nevertheless that it exists in his mind, derives from him its life, and is incapable of being separated from him.

The first proposition set forth by Ammonius was that of a primeval system of theosophy, a system which was essentially alike, at first, in all countries. Sir William Jones in his Lecture upon the Persians propounded this in the following concise form:

“The primeval religion of Iran, if we may rely on the authorities adduced by Monsani Fani, was that which Newton calls the oldest (and it may justly be called the noblest) of all religions: a firm belief that ‘one Supreme God made the world by his power, and continually governed it by his providence; a pious fear, love and adoration of him, and due

reverence for parents and aged persons ; a fraternal affection for the whole human species ; and a compassionate tenderness even for the brute creation.’ ”

It was his aim and purpose to reconcile all sects and peoples, under this common faith, to induce them to lay aside their contentions and quarrels, and unite together as one family, the children of a common mother. A writer in the *Edinburgh Encyclopædia* says :

“ He adopted the doctrines which were received in Egypt concerning the Universe and the Deity considered as constituting one great whole ; concerning the eternity of the world, the nature of souls, the empire of Providence, and the government of the world by demons. He also established a system of moral discipline which allowed the people in general to live according to the laws of their country and the dictates of nature ; but required the wise to exalt their minds by contemplation, and to mortify the body, so that they might be capable of enjoying the presence and assistance of the demons, and ascending after death to the presence of the Supreme Parent. In order to reconcile the popular religions, and particularly the Christian, with this new system, he made the whole history of the heathen gods an allegory, maintaining that they were only celestial ministers, entitled to an inferior kind of worship ; and he acknowledged that Jesus Christ was an excellent man and the friend of God, but alleged that it was not his design entirely to abolish the worship of demons, and that his only intention was to purify the ancient religion.”

The ecclesiastical historian, Mosheim, declares that “ Ammonius, conceiving that not only the philosophers of Greece, but also all those of the different barbarous nations, were perfectly in unison with each other with regard to every essential point, made it his business so to temper and expound the tenets of all these various sects, as to make it appear they had all of them originated from one and the same source, and all tended to one and the same end.”

Again, Mosheim says that Ammonius taught that “ the religion of the multitude went hand in hand with philosophy,

and with her had shared the fate of being by degrees corrupted and obscured with mere human conceits, superstition and lies: that it ought therefore to be brought back to its original purity by purging it of this dross and expounding it upon philosophical principles: and that the whole which Christ had in view was to reinstate and restore to its primitive integrity the Wisdom of the ancients,—to reduce within bounds the universally prevailing dominion of superstition—and in part to correct, and in part to exterminate the various errors that had found their way into the different popular religions.”

Ammonius declared that the system of doctrine and moral life, denominated WISDOM, was taught in the Books of Thoth, or Hermes Trismegistus, from which records Pythagoras as well as Plato derived his philosophy. They were regarded by him as being substantially identical with the teachings of the sages of the remote East. As the name *Thoth* means a college or assembly, it is not altogether improbable that the books were so named as being the collected oracles and doctrines of the sacerdotal fraternity of Memphis. Rabbi Wise has suggested a similar hypothesis in relation to the divine utterances recorded in the Hebrew Scriptures. But the Indian writers assert that during the reign of King Kansa, the Yadus or sacred tribe left India and migrated to the west, carrying the four Vedas with them. There was certainly a great resemblance between the philosophical doctrines and religious customs of the Egyptians and Eastern Buddhists; but whether the four Hermetic books and the Vedas were alike, cannot now be known.

It is certain, however, that there was in every ancient country having claims to civilization, an esoteric doctrine, a system which was designated WISDOM,* and those who were

* The writings extant in olden times after personified Wisdom as an emanation and associate of the Creator. Thus we have the Hindoo Buddha, the Babylonian Nebo, the Thoth of Memphis, the Hermes of Greece; also the female divinities, Neitha Metis, Athena and the Gnostic potency Achamoth or Sophia. The Samaritan Pentateuch denominated the book of Genesis, *Akamauth*, or Wisdom, and two remnants of old

devoted to its prosecution were first denominated sages, or wise men. Afterward, the epithet of *philosophers*, or lovers of wisdom, was adopted. Pythagoras termed this system a *ὁ γνῶσις των οντων*, the *Gnosis* or knowledge of things that are. Under the noble designation of WISDOM, the ancient teachers, the sages of India, the magians of Persia and Assyria, the seers and prophets of Israel, the hierophants of Egypt and Arabia, and the philosophers of Greece and the West, included all knowledge which they considered as essentially divine; classifying a part as esoteric and the remainder as exterior. The Hebrew Rabbiis called the exterior and secular series the *Mercavah*, as being the body or vehicle which contained the higher knowledges. Theology, worship, vaticination, music, astronomy, the healing art, morals and statesmanship were all thus comprised.

Thus Ammonius found his work ready to his hand. His deep spiritual intuition, his extensive learning, his familiarity with the Christian fathers, Pantænus, Clement and Athenagoras, and with the most erudite philosophers of the time, all fitted him for the labor which he performed so thoroughly. He was successful in drawing to his views the greatest scholars and public men of the Roman Empire, who had little taste for wasting time in dialectic pursuits or superstitious observances. The results of his ministration are perceptible at the present day, in every country of the Christian world; every prominent system of doctrine now bearing the marks of his plastic hand. Every ancient philosophy has had its votaries among the moderns; and even Judaism, oldest of

treatises, the Wisdom of Solomon and the Wisdom of Jesus, relate to the same matter. The book of *Mashali*—the Discourses or Proverbs of Solomon, thus personifies wisdom as the auxiliary of the Creator:

“Jehovah possessed me, the beginning of his way,
The first of his emanations from the time
I proceeded from antiquity, the beginning—
The earliest times of the earth.
When there were no deeps I was born—
Even when there were no sources of water.
When he prepared the heavens I was there,
When he described a circle on the face of the deep,
There was I with him, Amun,
And was his delight day by day.”

them all, has taken upon itself changes which were suggested by the "God-taught" Alexandrian.

The peculiarity of the Philaletheians, their division into neophytes, initiates, and masters, was copied from the Mysteries and philosophical systems. It is recorded that Ammonius obligated his disciples by oath not to divulge his higher doctrines, except to those who had been thoroughly instructed and exercised. How far this condition was proper is easily perceived when we contemplate the peculiar mystical, profound character of such of the doctrines as have escaped from the crypt.

The system, it must be acknowledged, provided for the highest spiritual development. Plutarch says, "The end of the Egyptian rites and mysteries was the knowledge of the One God who is the Lord of all things, and to be discerned only of the soul. Their theosophy had two meanings, the one holy and symbolical, and the other popular and literal. The figures of animals which abounded in their temples, and which they were supposed to worship, were only so many hieroglyphics to represent the divine qualities." These mysteries, it will be remarked, are said to have constituted the basis of the Eclectic system.

The efflux from the divine Being was imparted to the human spirit in unreserved abundance, accomplishing for the soul a union with the Divine, and enabling it while in the body to be partaker of the life which is not of the body. Thus, says Iamblichus, the soul, in contemplating blessed spectacles, acquires another life, operates according to another energy, and is thus rightly considered as no longer ranking in the common order of mankind. Frequently, likewise, abandoning her own life, she exchanges it for the most felicitous energy of celestial beings. By supplicating, we are led to the object of supplication; we acquire its similitude from this intimacy, and gradually attain divine perfection. Being thus adapted to participate in the divine nature, we possess God himself.

This is a transcript from the very words of Plato: "Prayer is the ardent turning of the soul toward God; not

to ask any particular good, but for good itself—for the universal supreme Good. We often mistake what is pernicious and dangerous, for what is useful and desirable. Therefore remain silent in the presence of the divine ones, till they remove the clouds from thy eyes, and enable thee to see by the light which issues from themselves, not what appears as good to thee, but what is really good.”

Plotinus also taught that every person has the interior sense or faculty denominated *intuition*, or spiritual instinct which is developed by proper cultivation, and enables to perceive and apprehend actual and absolute fact more perfectly than can be done through the mere exercising of the reasoning powers and outward sensibility. It is a projecting of the consciousness from the subjective into the objective, so that what pertains to the selfhood of the person—what is in the mind and heart—is made to appear as constituting the things which may be seen around him. In this way, dreams are constituted; we see and converse with persons around us, and observe objects and events,—all of them being but the creation of our own mind, or the reflection from our mind into a species of surrounding mirror. Persons have detected themselves, while awake, seemingly in earnest conversation with an invisible being, but presently perceived that it was only a talking with themselves, or a process of ratiocination, which was really subjective while it seemed to be objective.

“There is a faculty of the human mind,” says Iamblichus, “which is superior to all which is born or begotten. Through it we are enabled to attain union with the superior intelligences, of being transported beyond the scenes and arrangements of this world, and of partaking the higher life and the peculiar powers of the heavenly ones. By this faculty we are made free from the domination of Fate, and are made, so to speak, the arbiters of our own destinies. For when the more excellent parts of us become filled with energy, and the soul is elevated to natures loftier than itself, it becomes separated from those conditions which keep it under the dominion of the present every-day life of the world, exchanges the present for another life, and abandons

the conventional habits belonging to the external order of things, to give and mingle itself with that order which pertains to the higher life."

We begin with instinct; the end is omniscience. It is a direct beholding; what Schelling denominates a realization of the identity of subject and object in the individual, which blends him with that identity of subject and object called Deity; so that, transported out of himself, so to speak, he thinks divine thoughts, views all things from their highest point of view, and to use an expression of Emerson, "becomes recipient of the soul of the world." Plato himself expressed the idea more concisely. "The light and spirit of the Deity are as wings to the soul, raising it into communion with himself and above the earth, with which the mind of man is prone to bemire itself." "To be like God is to be holy, just, and wise. This is the end for which man was born, and should be his aim in the pursuit of knowledge."

As might be expected of the persons holding so refined a system of doctrine, their characters corresponded with it most beautifully. It is well depicted in this language of M. Matter, in his *Treatise on Gnosticism* :

"The morality which the Gnosis prescribed for man answered perfectly to his condition. To supply the body with what it needs, and to restrict it in everything superfluous; to nourish the spirit with whatever can enlighten it, strengthen it, and render it like God, of whom it is the image; to make it one with God, of whom it is an emanation—this is that morality. It is that of Platonism, and it is that of Christianity."

Whatever the apparent demerits of the Philaletheian doctrines, there must be general approval of the great underlying ideas of Human Brotherhood and perfectibility. Their proper aim was the complete establishment of the rule of peace on earth, instead of that dominion of the sword which had served in former ages, and was destined, in subsequent centuries, to array millions of human beings in mortal warfare against each other, and depopulate countries and districts in the name of religion.

Animal Heat.

BY J. M. F. BROWNE, A. M., M. D.

Professor of Physiology and Pathology in the Eclectic Medical College of New York.

WARM-BLOODED animals have the faculty of generating, and of maintaining within them a certain degree of heat, whatever may be the temperature of the atmosphere around them. This power is particularly curious and wonderful. It enables animals to resist extremes of heat and cold without any material change in the temperature of their bodies. The caloric thus generated is called *vital*, or *animal heat*. In the human body it is about 98° Fahr., and is the same at all seasons and in every variety of cold. In man the calorifying power is greater than in most animals. He can live, and even enjoy life, both in the polar regions, where the thermometer often falls 100 degrees *below* the freezing point, and in the equatorial regions, where it not unfrequently rises to 100 degrees *above* that point. And for a short period, his power to resist extremes is greatly beyond what these numbers would indicate. The late Sir F. Chantrey, the sculptor, was accustomed to enter a furnace, where his moulds were dried, when the floor was red-hot, and the thermometer indicated a temperature of 320 to 350 degrees. And Chabert, "the fire-king," entered, with impunity, an oven, the heat of which was nearly 600 degrees; and in these cases, when water was boiled and meat cooked to a crisp, the heat of the body was but slightly increased.

But this calorifying power does not belong to animals alone. It exists in vegetables also, but in a minor degree. It is a chemical axiom that, whenever gaseous products are liberated, more or less caloric is always evolved. Now, as vegetables respire (or give off oxygen), they must necessarily evolve caloric. But their proper heat is so rapidly dissipated by radiation and evaporation, that it is generally imperceptible by ordinary means. Under some circumstances, however, it may accumulate to such an extent as to be easily appreciable. In the process of malting, for example,

and in germination and flowering, there is a well-marked elevation of temperature. A piece of ice placed on a growing leaf-bud will dissolve, when it would remain unchanged in the open air. The flower of a geranium was found, by experiment, to be 6 degrees, and a heap of germinating barley 29 degrees warmer than the surrounding air; and a "thermometer placed in the centre of a clump of blossoms of *Arum Cordifolium*, has been seen to rise to 111, and even to 121 degrees, while the temperature of the external air was only 66 degrees.

Vegetables therefore, as well as animals, possess the power of generating heat. But it is with that power as it exists in animals, that we have at present to do.

To what is the faculty under discussion due? in other words, what is the source of vital or animal heat? To account for this heat, much speculation has been indulged and various theories advanced. Once it was believed that the heart was the great furnace of the system, and that the crimson currents that flow from it at every pulsation, went forth freighted with caloric for the warmth of every part of the body. By and by, however, it was discovered that in respiration, as in combustion, oxygen is absorbed and carbonic acid produced; and it was immediately conjectured that respiration was a species of combustion, and was the cause or source of animal heat. The heart theory was dropped, and the lungs were regarded as the heat-producing power of the system. This was Lavoisier's theory. He regarded the lungs as a kind of furnace or stove by which the body is warmed, through the medium of the blood. According to him, the oxygen inhaled united at once with the carbon of the pulmonary tissues, and is immediately returned to the atmosphere under the form of carbonic acid.

But against this theory grave objections were urged. How is it, it was asked, that the lungs, if they are the heat-producing power of the system, are not hotter than other parts of the body? And to this question no satisfactory answer could be given. Further investigation led to the discovery, that the oxygen of the inspired air does not combine

with carbon in the lungs, but is taken up in solution by the corpuscles of the blood, and thus carried off by the current of the general circulation; and that carbonic acid is not formed in the lungs at all, but in the capillaries of the various tissues of the body.

Another theory was proposed by Liebig; it was Lavoisier's theory, with certain modifications. Liebig believed that the heat of the body is produced by the oxidation or combustion of the saccharine, starchy, and fatty elements of the food, while still circulating in the blood. He therefore divided alimentary substances into two classes: one, which he called the *nitrogenized*, or *plastic elements*, which go to build up the tissues; the other the *respiratory elements*, which furnish the system with heat. The latter, that is, the *respiratory elements*, or *hydro carbons*, he regarded as so much fuel, and maintained that they are not assimilated, that they take no part in the function of nutrition—that they are taken into the blood for the sole purpose of being oxidized or burned, and are destined simply to furnish the system with heat.

This theory of Liebig's for a time was accepted by physiologists as the best that had been proposed, but within a few years its errors and deficiencies were pointed out by Lehman in Germany, and Robin and Verdeil in France; and since then it has been very generally abandoned.

Another theory is, that animal heat is either produced by, or is dependent upon, the nervous system. This view is founded on a few experiments of Brodie, who kept up artificial respiration in animals he had decapitated, and found that, although the usual changes took place in the blood and in the air introduced into the lungs, the temperature fell more rapidly than in another animal, killed at the same time, and in which respiration was not kept up. But these experiments are far from being conclusive. The nervous system undoubtedly has some influence or control over calorification, but it is certainly neither the source nor the efficient cause of it. The heat-producing power, it will be remembered, is common to animals and vegetables. This fact is highly important, because it “indicates unequivocally that the source of ani-

mal heat must be sought for in the organic functions, and not in the functions of animal life. The fact that *any* change takes place in vegetables to the same degree (under certain conditions) with that in which it is ever present in animals, is a sufficient proof that that change cannot be dependent upon, although it may be influenced by, nervous energy."

What then is the true theory of calorification? and how is animal heat produced?

It may be laid down as an axiom, that all molecular movements which cause a change of state, are attended with a change of temperature. We see this exemplified in combustion, which is simply the union of oxygen and carbon, and the consequent production of carbonic acid; and we see it exemplified in the mingling of liquids that chemically unite. Now, in all the processes of nutrition, these molecular changes are constantly going on; and it is to these changes, and to the various metamorphoses of the tissues, that the faculty of calorification is due. Animal heat, then, results from the various histogenetic molecular changes that food undergoes in forming the blood and building up the tissues; and also from the hystolytic molecular changes of the tissues themselves. Every change through which the aliment passes from the moment it enters the stomach until it is elaborated into building material for the tissues, is attended with the production of heat; and every change that takes place in the tissues during their disintegration and decomposition, is also attended with the production of heat. In this way sufficient caloric is generated to account for all that is found in the animal body.

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Transmissibility of Secondary Syphilis.

BY T. J. WRIGHT, M. D.

THERE was a time when gonorrhœa and syphilis were regarded as one and the same disease, modified by peculiarities of constitution, which gave rise to the development of one

form in place of the other; and opinions the most absurd and contradictory were entertained by many prominent in the profession as authors and teachers of the science. Happily, however, a new era is upon us, and a more rational philosophy is rapidly supplanting the errors and absurdities of the past. To the talents, patience, and well-directed efforts of the numerous writers and accurate observers who have figured in this branch of medical science, for more than a quarter of a century, are we indebted for the development of the laws which govern and control the numerous changes that take place in the animal economy, while under the influence of syphilitic virus. It is gratifying to contemplate that the theories which once flourished, and held a portion of the medical world spell-bound in error, have had their day, and like the fog before the rising sun are rapidly disappearing from our midst. There is also reason to rejoice that the field of therapeutics has at last been explored with a large amount of success, and the numerous remedial agents which were once used without method, reason, or mercy, are now in more competent hands, and are subservient to a more rational system of medication than that which was once as popular as it was destructive.

It is now the prevailing opinion with the enlightened members of the profession, that gonorrhœa is not a venereal affection; yet Hunter was of the opinion that the various forms of syphilis and gonorrhœa depend upon one and the same poison. If any doubts still remain, observes Hunter, with respect to the identity of the two diseases, it will be removed by considering that the matter produced in both is of the same kind, and has the same properties, the proofs of which are, that the matter of a gonorrhœa will produce either a gonorrhea, a chancre, or the lues venerea, and that the matter of a chancre will also produce either a gonorrhœa, a chancre, or the lues venerea.

In support of this opinion, Hunter relates the following experiment, performed upon himself: "Two punctures were made on the penis with a lancet dipped in venereal matter from a gonorrhœa, one puncture was on the glans, the other

on the prepuce ; on the third day there was a teasing itching on those parts, which lasted until the fifth day. Upon that day the part on the prepuce where the puncture had been made was redder than the adjacent parts, thicker, and had formed a speck. In another week this speck had increased, and discharged some matter. There seemed also to be a little pouting of the lips of the urethra ; there was also a sensation in it in making water, so that a discharge was expected from it. A fortnight from the time of the inoculation on the glans there was considerable itching, and three days later a white speck was observed where the puncture had been made. The speck, when examined, was found to be a *pimple* full of yellow matter. The chancre on the prepuce broke out several times after it had healed up ; that on the glans never did break out again, but for a considerable time it had a bluish cast. Ulceration of the tonsils, and copper-colored blotches on the skin followed those inoculations, and the time the experiment took from the first infection to the complete cure was about three years."

The explanation to this case, which has more generally received the sanction of the profession than any other, is that which Ricord and his followers have, until recently, relied upon as the most appropriate. Yet a wide difference exists between the phenomena thus presented in Hunter's case, and that found to prevail in the secondary form—the kind of sore and the time at which it appears, so generally, though not universally received by the profession, and maintained for a long series of years, as the result of Ricord's wide-spread fame, sustained by arguments so plausible that the medical mind clung to them with a tenacity but seldom equalled and never surpassed.

However much our inclination may lead us to doubt the accuracy of Hunter's experiments and observations, the reputation he won for honesty of purpose and accuracy of investigation, leave but little if any room to hang a doubt upon. We might refer, to sustain this opinion, to his numerous experiments, as evidence of the accuracy and honesty of his labors : will cite but one more in this connection. "A

man," says Hunter, "had been affected with the venereal disease a long time, and had been salivated, but the disease broke out anew. He was taken into St. George's Hospital affected with a number of pocky sores, and before I put him under treatment, I made the following experiment: I took some matter from one of the sores upon the point of a lancet, and made three small wounds upon the back where the skin was smooth and sound, deep enough to draw blood. I made a wound similar to the other three with a clean lancet, the four wounds making a quadrangle; but all the wounds healed up, and none of them ever appeared after." This experiment has been repeated many times, and always with the same result. The conclusion drawn from it has been, that secondary syphilis is not transmissible from one person to another. The non-inoculability of secondary syphilis was the prevailing opinion of Ricord for many years, till at last he was compelled, by facts and arguments he could not well withstand, to abandon the position he had so long held and ably maintained.

What was Hunter's conclusion, drawn from his own experiments? It was, that the matter derived from a secondary syphilitic sore was not capable of acting, in some respects, *on the same body*, or same state of constitution, as matter from a chancre. The correctness of Hunter's opinion is thus set forth in contradistinction to that of the French school of syphilographers, whose chief is Ricord. It will not serve to explain, then, the experiment just quoted, either to assert that there was a chancre in the urethra, or that Hunter's observations were in any sense at fault. The stubborn facts which he has narrated remain unanswered to this day, although they have been ignored and explained away by Ricord, and many of his cotemporaries, extending over a period of more than thirty years. It has been as repeatedly demonstrated, recently, that the secretion of one kind of syphilitic sore has failed to produce a like result on the same body that secreted it; yet it does not necessarily follow that it might not produce its like upon a person uncontaminated by the same kind of virus. It is proper to re-

mark, that nearly all those who had been the subject of syphilitic inoculation had been saturated with the poison, either partially or completely so, before any attempt was made to test the system with the syphilitic virus, as if it made no difference, as to the action of the virus, whether the system was free from or saturated with it. As vaccine virus modifies and changes the susceptibility of the system, is it not reasonable to suppose that syphilitic virus is controlled and governed by similar laws, to a greater or less extent? Hence the repeated failures of syphilographers to produce the same results on the infected, which almost always crowns their efforts on the uncontaminated subject. While we award to Ricord the credit of drawing a line of distinction between one form of chancre and gonorrhœa, based on his experiments patiently and perseveringly conducted, we say that it has not been demonstrated to the satisfaction of the profession, that a discharge from the urethra disconnected with any sore is not susceptible of transmission, any more than the secretion from an indurated sore is incapable of producing its like. To test the matter with any degree of hope that truth may be elicited, our observations must be made and our experiments conducted upon persons free from the syphilitic taint, else our experiments are more likely to give rise to wrong impressions, and lead us astray, as thousands have before us, than develop the phenomena which will generally arise in the progress of the action of the virus on the uninfected subject. As the secretion from a primary or secondary syphilitic sore produces no visible effect when inserted into the cuticle of a person, the subject of the malady, we might naturally conclude that it would produce no effect when applied to the urethra of the person from whom the matter was taken. It does not necessarily follow, however, that the same secretion will produce no effect when applied to the urethra of a patient free from the contamination; neither does it prove that the virus from an infected urethra may not, in turn, be transmitted to another free from the taint. Cases have recently been reported, by not a few accurate observers in Europe, in which the contact of a

secretion of this kind undoubtedly gave rise to an infecting sore, which produced in the uncontaminated a discharge from the urethra resembling that of gonorrhœa. Mr. Henry Lee states that the discharge differs in a few particulars from that of ordinary gonorrhœa, which is more viscid and tenacious, as well as being accompanied with less pain in urinating, is shorter in duration, and often terminates abruptly.

The inquiry naturally arises in the mind, what would be the effect of inoculating this secretion, the product of a constitution already contaminated with an infected sore? And what would be the effect of introducing the same matter into a system free from the syphilitic taint? Although we cannot point to any recent experiments calculated to throw light upon this all-important branch of our inquiry, yet we can refer to the experiments of Hunter upon himself for a partial, if not a complete solution of the question, the deductions of which may, modified, at no very distant day become the established opinions of the profession.

It is the opinion of Ricord that two distinct poisons exist, which have been demonstrated to the satisfaction of a very large proportion of the profession, one of which produces gonorrhœa, and all its concomitant symptoms, and the other syphilitic ulceration; this ulceration, says Ricord, always, or nearly so, follows a definite course. The diseased action commences at an early period after the contact of the virus. The skin soon becomes red and slightly swollen, which is followed by a vesicle, and that succeeded by a pustule, which ultimately forms a sore after the bursting of the pustule, and eventuates in the well-known soft or suppurating syphilitic sore or chancre.

For many years Ricord and his followers relied entirely upon the syphilitic subjects for their experiments, and their conclusions were based on those experiments, thus conducted, as if a uniformity of results would follow alike in the contaminated as the uninfected subject. In consequence of which, one kind of disease was observed, and that peculiar to patients whose constitutions were already tainted, either partially or completely so, with the virus. While it is now well-known

that such persons are but seldom affected a second time, and when they are, the disease invariably assumes a modified form. Hence, the conclusion is that there is a difference, after all the experiments that have been made, and the numerous exciting discussions provoked from time to time. Ricord and his adherents gave their attention exclusively to one kind of syphilitic infection, and that was the kind which produced only a local disease, which gave rise to no constitutional symptoms.

The advanced stage of the secondary form of syphilis is by far the most interesting, as well as the most important branch of our inquiry. The profession is greatly indebted to the late publications for experiments made by and deductions drawn from the labors of modern [syphilographers, which enable us to arrive at more rational conclusions than those entertained and sanctioned by the profession when Ricord's opinions were recognized and subscribed to by a very large and influential class. We find there delineated the different forms of syphilitic diseases and their origin, especially the differences in the mode of development of the infecting and non-infecting sores, dwelt upon at great length; the history and symptomology graphically and truthfully portrayed. To Lee and Rollet are we indebted for the truthful elucidation of the chancre that infests the system, which appears as a pimple, an abrasion, or crack, around which the specific thickening manifests itself, so characteristic of the malady. The *pustule* is by no means an essential part of the process, and when it does appear, it should be regarded as a mere accident, depending upon some collateral cause for its existence, which very soon ceases to pour out a purulent discharge, leaving behind it the peculiar characteristic thickening or induration so truthfully delineated by Mr. Lee. The secretion, therefore, furnishes a diagnostic test of the kind of disease, as truthful as it is simple in its development. This is by no means an unimportant auxiliary aid in diagnosing the various kinds of primary syphilitic sores; for ever since the induration was relied upon as a test of the infecting sore, many experienced syphilographers

have entertained opinions opposed to it, and have gone so far as to assert its unreliability; while its most strenuous advocates have acknowledged that it might be imitated by numerous non-specific causes. Holmes says, in his work on surgery, that there is one form of infecting sore in which an induration is never found. It is also well known that this kind of sore differs widely in its origin from that described by Ricord, and relied upon by him as to the time of appearance and mode of development. The time of inoculation commenced when the virus is brought in contact with the body, and closes with the development of the local manifestation, which varies from a few days to as many weeks.

[*To be continued.*]

Cases in Practice.

CASE I.—In the spring of 1866, I was called to see a young man who seemed to be laboring under symptoms of poisoning by cantharides, but whether such was the case or not I could not satisfactorily determine. He stated that, a few days before I saw him, a young lady with whom he was on intimate terms gave him a glass of lemon syrup, which he drank, and shortly after experienced great difficulty in passing his urine. This was followed by a burning sensation in the urethra and bladder, pains in the region of the kidneys, bloody urine and a semi-purulent discharge from the urethra. During the night he had painful erections, and was occasionally delirious. The case presented many symptoms common to both poisoning by cantharides and to gonorrhœa, and, knowing that but little reliance can be placed on the statements of most patients laboring under affections of the urinary organs, I resolved to treat the case as one of gonorrhœa. I gave first, one drachm of the compound powder of senna and jalap, together with tinctures of aconite and veratrum viride. After the action of the cathartic, instead of the ordinary so-called specifics for gonorrhœa, I gave oil of erigeron canadensis, ten drops every three hours. The treatment

proved most satisfactory. The symptoms were relieved immediately after the first few doses of the erigeron, and, at the end of ten days, the patient was able to attend to his work. From my limited experience in the use of oil of erigeron, I have been led to consider it a most valuable medicine in the treatment of inflammation of the urinary organs. I have used it in diarrhœa, and always obtained good results from it. Judging from the action of cantharides in poisonous doses, as described in the books, I think that the oil of erigeron would prove highly useful, either as an antidote, or in allaying the violent inflammation of the urinary passages, caused by poisonous doses of that drug. The oil of erigeron is highly lauded in uterine hæmorrhage, but I have never had an opportunity of testing its hæmostatic power. I am quite unable to offer any explanation of the *modus operandi* of this medicine, simply because *very little* is known, for certain, of the action of most articles in the materia medica. There are no means by which we are enabled to ascertain the action of medicines with mathematical certainty, and as to the cloudy conjectures—such as are to be found in most works on materia medica—I leave them to those who like them.

CASE II.—In July, 1867, while visiting some of my relatives near Ottawa, I was requested to see Frank M——, aged 17, who had received an incised wound of the knee-joint in March—four months before I saw him.

He was treated by the ablest old school physicians in the country, and with what success the following facts show. The treatment consisted of calomel and opium powders as an antiphlogistic(?), Dover's powders at night, and a poultice of bread and milk to the wound. This treatment was continued for about two months, after which time the case was pronounced to be beyond the aid of medical or surgical skill. When I saw him the original wound was healed, but there were five sinuses freely discharging pus in great quantities. The patient was reduced to a mere skeleton, and appeared to be on the very verge of the grave. I considered the case a hopeless one, but as there was no scrofulous taint in the system, I decided to take charge of the case. I ordered the

above treatment to be discontinued, and the following substituted. The wound to be washed twice a day with a solution of permanganate of potassa; but as this could not be obtained in this section of the country, I ordered a poultice of yeast and pulverized charcoal to be applied daily to the wound, until the permanganate of potassa could be obtained. At the same time I ordered a tonic composed of compound tincture of Gentian, \mathfrak{z} v.; Aromatic Sulphuric Acid, \mathfrak{z} i.; Quinia (Sulphate), \mathfrak{z} ii. M. Sig. Dose—a teaspoonful every four hours.

Under this treatment the patient rapidly recovered, and, in the following October, was able to resume his work on the farm.

I do not mention this for the purpose of showing the superiority of my treatment—for I used only what common sense would dictate, and what the merest tyro in medicine would use—but to show the pernicious routine practice still in vogue in most parts of this country. My success in this case aroused the ire of the very gentlemen who failed in it, and as I did not, at that time, possess any legal qualification to practise medicine in *that Province*, one of the gentlemen intimated to me that legal proceedings would be instituted against me, if I attempted to practise my profession in that section of the country. Such is the treatment and such is the spirit which actuates the majority of allopathic physicians, who blindly follow the routine practise of antiquity, and who refuse to be guided by judgment and experience.

J. M.

Ontario, Canada, Sept. 18, 1868.

Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF JAMES DAY, M. D., AND JOHN FITCH, M. D.

[Continued from page 117.]

August 17.—Elizabeth G——, age 54, single.

Pediculis Capitis, with ulceration, covering the entire scalp. Excessive nervousness of six or eight years standing; several large wens on head; appetite poor.

R Acidi Carbolici, grs. xx; Acidi Acetici, 3 ij.; Aquæ, ad 3 iv.

Fiat lotio. Apply twice daily.

R Syr. Phosph. Ferri, Quiniæ et Strychniæ, 3 iv; Alc. Fld. Ext. Scutellariæ, 3 ij; Alc. Fld. Ext. Collinsoniæ, 3 i; Syrupi, 3 iv. Dose, one teaspoonful three times daily.

Sept. 1.—A few patches of ulceration on the scalp; order the hair to be cut off, and lotion freely applied.

Sept. 18.—Every trace of disease of scalp removed. Nervousness much relieved. Continue tonic.

July 27.—John William R——, age three and a half years. Atrophy of the flexor muscles of the left leg. In consultation with Professors E. Freeman of New York and Z. Freeman of Cincinnati, decided to be due to spinal irritation in sacral region. Patient walks with a tottering gait, and soon tires; foot turns outward; œdema of the ankle, the inferior half of leg being very much reduced in size.

R Aquæ Ammoniæ, 3 ij.; Spirit. Camphoræ, 3 ij; Glycerini, 3 ss.

Fiat Linimentum. To be applied freely to lower part of spine twice daily.

R Syr. Ferri, Quiniæ et Strychniæ Phosphatis, 3 j.; Alc. Fld. Ext. Nucis Vomiciæ, 3 ss. M. Take ten drops three times daily.

Aug. 5.—Improving; continue treatment.

Aug. 10.—Still coldness of affected limb; some halt in gait; continue, increasing dose of tonic to 15 drops.

Aug. 24.—Improvement in use of limb very marked; continue treatment.

Sept. 1.—Muscles of lower leg rapidly developing, and walks with ease; continue.

Maggie E——, age one year. Cholera infantum.

R Syr. Rhei et Potass., 3 ss.; Alc. Fld. Ext. Geranii, 3 i. M. Half a teaspoonful every three hours.

Aug. 10.—Reports no better; would not nurse, and vomiting every two hours.

R Pulv. Ipecac. Co., gr. i., after each fit of vomiting, and bathe frequently with alkaline water, alcohol and water to head; hot fomentations to feet.

Aug. 17.—Reports entirely cured.

Aug. 3.—Ellen V——, age 40, married. Irish. Cancer of breast, involving the whole gland, with considerable enlargement of the axillary glands. Says she has not slept for several nights; no appetite, and cannot work. Earns her living by washing. This patient applied to Prof. Newton for an operation, who sent her to the Dispensary with a note desiring us to “keep her along” until cooler weather, and suggesting the use of carbolic acid. Two openings had formed, one two inches below the nipple to its inner aspect, and large enough to contain a small hen’s egg, the other about one and a half inches to the upper and outer aspect of nipple; both bled freely every day. We gave her a quart of solution of carbolic acid, ten grains to the ounce; injecting the cavities thoroughly at the time, and directing her to lightly plug them with lint saturated with the solution.

Returned in two weeks. Cavities decreased in size one half; says she slept well the first night after using the wash, has had no pain since; continue treatment.

Sept. 8.—Patient returns; one cavity entirely filled with healthy granulations, the second rapidly filling; the gland has decreased in size one-half; the induration of the axillary glands has entirely disappeared. Says she has no more trouble with it, can work hard as ever, and positively refuses an operation.

The peculiarity of the case is, not so much the alleviation of local, as the entire removal of constitutional symptoms, which were fast prostrating the patient. Will some *noted* cancer doctor enlighten us? There was no constitutional remedy used.

Aug. 6.—Henry M——, age 39, married. Scrofulous ulcer of the leg, extending from the knee to below the ankle-joint, the leg being enlarged to nearly double its size. There was a cavity in the posterior aspect of sufficient magnitude to admit of a goose egg. This condition has existed five years, and been treated at all the Dispensaries in this city without relief. Acknowledges to have been a drunkard.

R̄ Acidi Carbolici, ʒ iss.; Glycerini, ʒ i.; Aquæ, ʒ viij.

M. Apply freely to leg, also make a wad of lint, saturate and place in excavation.

R Tinct. Ferri Mur., $\mathfrak{m}\text{xv}$. Ter. die sumend.

Aug. 10.—Rapidly improving; continue treatment.

Aug. 17.—Ulceration confined to ankle and cavity, which is about one-fourth its former size, and filled with healthy granulations; continue treatment.

Aug. 24.—Still improving.

Sept. 10.—Leg almost natural size; nothing left of cavity but a small ulcer, the rest of the leg assuming a healthy appearance.

Aug. 25.—Eliza R——, age 36. Injury to perineum from instrumental labor at Bellevue Hospital. Frightful swelling, inflammation, and ulceration; irritation with ulceration of meatus urinarius, also diarrhoea with tenesmus.

R Alc. Fld. Ext. Geranii, $\mathfrak{z}\text{i}$.; Alc. Fld. Ext. Agrimoniae, $\mathfrak{z}\text{iv}$.; Alc. Fld. Ext. Dioscoriæ, $\mathfrak{z}\text{ii}$.; Alc. Fld. Ext. Hyoscyami, $\mathfrak{z}\text{i}$. M. Take a teaspoonful three times daily.

Sat. Sol. Chlor. Potassa for a wash to parts; rest and good food.

Sept. 11.—Reports cured.

Aug. 31.—Mary B——, age 7. Tinea capitis, following scarlet fever; tongue coated, appetite fair.

R Pulv. Jalapæ Co., grs. xx. Nocte sumend.

Acidi Carbolici, $\mathfrak{z}\text{i}$.; Acidi Acetici, $\mathfrak{z}\text{ij}$.; Glycerini, $\mathfrak{z}\text{ss}$.; Aquæ, ad $\mathfrak{z}\text{viij}$. Fiat lotio.

Sept. 2.—Improving; continue wash.

Sept. 12.—Entirely cured. Discharged.

Sept. 5.—Mrs. C——, age 45. Salt-rheum, two weeks' standing; hands much swollen and fissured.

R Acidi Carbolici, $\mathfrak{m}\text{xi}$.; Aquæ, $\mathfrak{z}\text{iv}$.; Ft. lotio. Apply freely.

R Potassæ Acetatis, $\mathfrak{z}\text{ijss}$.; Ext. Fld. Stillingiæ Co., $\mathfrak{z}\text{ss}$.; Aquæ, $\mathfrak{z}\text{iss}$. M. $\mathfrak{z}\text{i}$. Ter. die sumend.

Sept. 9.—Improving.

Sept. 14.—All soreness gone; complains of debility.

R Tinct. Ferri Mur., $\mathfrak{m}\text{xv}$. Ter. die.

Sept. 2.—Mrs. B——, age 31. Facial neuralgia, seven

years duration; intermittent in character; obtains in evening; more violent in summer.

R Ammon. Hydrochloratis, grs. x. Statim sumend.

The dose to be repeated every fifteen minutes until relieved, up to four doses; if they should not prove effectual, desist from its use.

Sept. 5.—Patient says she took three powders, and was entirely free from pain; slightly returned the second day, took one dose with entire relief.

PERISCOPE.

Existing State of Medical Practice.

MR. W. WILMOTT, in an address before the Chemist's Assistants' Association upon the Value of Medicine, gives the following interesting information:

From a large number of prescriptions actually dispensed in the city of London, I selected one thousand. These were written by different medical men for different diseases, and different symptoms of disease. They were also written at different seasons of the year (Spring, Summer, Autumn and Winter), during a period extending over the past ten years. I did not select them on account of any specialty they possessed, but took them as they were copied, in writing, in the book kept, as usual, for that purpose. As, in this work, my eye passed over many thousands of prescriptions, I was enabled to satisfy myself that those I had selected represented with sufficient accuracy any similar number which might be collected in any part of London, and, by fair inference, any multiple of that number to the extent of hundreds of thousands. Here, then, I possessed a true key to the "existing state of medical practice" in this country.

Having these prescriptions at my command, I submitted them to an analysis (if I may use the term) which, I am bound to say, proved to be a work of considerable time and labor. The result arrived at, after much careful noting, I will now place before you.

While the pharmacopœia contains 768 medicaments simple and compound, medical men do not adopt in actual practice more than 485; and what is rather remarkable, three-fourths, or 75 per cent., of these occur less than once in every 100

prescriptions written; so that if we take the remaining fourth, or the leading remedies, as they may be called, we shall find that these are prescribed three times where the rest are only prescribed once. The inference to be drawn from this is, that if a medical practitioner were to treat disease with these 120 leading medicines, according as he may select them, and no others—presuming the whole 485, now in use, to be of equal value—the “odds,” if I may be allowed the expression, would be 1 to 3 against his success, as compared with the practitioner who held the advantage of the entire range of remedies; but as these medicines are not all of equivalent value, as shown by the fact that 75 per cent. occur less than once in every 100 prescriptions, the advantage of the additional number above one-fourth would be so reduced, as to render the chances of the two practitioners very nearly equal. We shall see what further inference can be drawn in this direction.

It is impossible to pass over the fact that a few medicines take the lead in medical practice, to the comparative exclusion and neglect of all the rest. Quinine heads the list by a long way, then Chloric Ether, Bicarbonate of Potash, Aromatic Spirit of Ammonia, Iodide of Potassium, Mercurial Pill, Compound Extract of Colocynth, and so on. Twenty-five of these medicines show an average occurrence of once in *seventeen* prescriptions, while those which remain, taken collectively, show an average occurrence of once in *one hundred and sixty-six* prescriptions. This is scarcely, perhaps, a fair calculation, but the difference is a very wide one, and serves to show where the greatest reliance in the power of drugs may be found to exist.

With regard to the prescriptions examined, it is well worthy of note, that of the 485 medicines ordered or prescribed, 429 are to be met with in the pharmacopœia; a re-showing the desirability of a thorough knowledge and appreciation on our parts of this important work.

It is perhaps, however, in the form of simple remedies that we shall best estimate the value of the medicines prescribed by the physician. Here the number is reduced to 171, and the order of things is somewhat changed. Mercury takes the lead, and stands prominently at the head of the list. Mercury, the very name of which strikes terror into the minds of nervous and timid patients, is still the foremost remedial agent employed by the medical profession.* After

* “And yet,” says Sir Thomas Watson, “we are distracted by doubts whether the powerful influence it exercises on the body be for good or

mercury we have potash, then bark, then opium, and then iron. If we take twenty-five of these leading simple substances, as in the case of the compounds, we shall find that 95 per cent. of all the prescriptions written contain one or more of them in some recognized form. This, I think, brings the whole matter into the smallest compass, and places us in a position to offer such further brief comments as the subject may seem to require. (*Chemist and Druggist.*)

The Effects of Tight Lacing.

THE *Lancet* thus sums up the evil effects of the fashionable custom of compressing the female thorax :

1. Tight-lacing seriously limits, indeed almost annihilates, the respiratory movements of the diaphragm ; for the pinch comes just on that portion of the ribs to which the great muscle of inspiration is attached, and squeezes them together so as to throw it almost or altogether out of work. 2. The constant pressure of the corset on the muscles which should support the spine gradually impairs their nutrition, so that they are no longer able to do their work, and the victim of tight-lacing feels wretched the moment her artificial supports are removed. 3. The hinderance to breathing with the diaphragm throws the work of respiration chiefly, if not altogether, upon the upper intercostal muscles and the muscles of the neck, and a permanent condition of imperfect aëration of the blood results, causing general languor and debility. 4. The abdominal viscera, especially the stomach and liver, are violently squeezed, and driven downward from their natural position ; and the never-failing result of this is impairment of digestion and assimilation. This dyspepsia may or may not be attended by pain and other obvious symptoms ; these generally exist, but their absence does not imply the absence of mischief. 5. The uterine functions are always

for evil in the diseases for which it is given." Could anything be more eminently unsatisfactory, or more abundantly disheartening than this? Of all the medicaments in the *Materia Medica*, the one which is most relied on, and most frequently prescribed for the cure of sickness and disease, is still so far a puzzle and a mystery to the medical profession, that it is not known "whether the powerful influence it exercises on the body be for good or for evil in the diseases for which it is given." Well, indeed, may the natural history of disease be asked for, and an investigation into the physiological action of drugs be demanded, with a view of placing the whole therapeutical art on a surer and more scientific foundation.

more or less perverted. Lastly, it may be mentioned that the pressure on the bust is very often productive of great suffering. The glands are so squeezed, and especially the nipples are so flattened, from an early period after puberty, that when the time arrives for nursing an infant, the young mother finds either that she cannot suckle at all, or must do so in great misery, from inflamed nipples, abscesses, &c.

Altogether, a more totally indefensible sin against the laws of health and good taste than tight-lacing could not be found. If there be a spark of right and honest feeling left among our women, of whose purity of character we are so fond of boasting, now is the time for them to show it by refusing to listen to the impudent sophistries like those to which we have referred.—*Medical Record*.

Pathology of Epilepsy.

ANATOMICAL investigation has hitherto failed to give any explanation of Epilepsy: every kind of lesion has been discovered in every organ of the body; and, on the other hand, every organ and part of organ has been found in perfect health. The observations of Wenzel, those of M. M. Bouchet and Cazauvielle, and the later researches of Dr. Schroeder Van der Kolk, have shown the existence of disease in the pituitary body, in the white substance of the brain, and in the medulla oblongata; but the changes that each of these authors has described are inconstant, and some of them quite exceptional. We must, therefore, admit the disease to be what is termed "functional," using that word in the sense strictly defined in the first volume of this work. It is believed that "nutrition" is changed, but that its alterations are too fine for detection by our present modes of examination.

Bearing in mind all the facts of Epilepsy, and proceeding to their interpretation by the aid of physiology, we arrive at the following conclusions:

1st. That the seat of primary derangement is the medulla oblongata, and upper portion of the spinal cord.

2d. That the derangement consists in an increased and perverted readiness of action in these organs; the result of such action being the induction of spasm in the contractile fibres of the vessels supplying the brain, and in those of the muscles of the face, pharynx, larynx, respiratory apparatus, and limbs generally.

By contraction of the vessels, the brain is deprived of blood, and consciousness is arrested; the face is, or may be, deprived of blood, and there is pallor; by contraction of the muscles which have been mentioned, there is arrest of respiration, the chest walls are fixed, and the other phenomena of the first stage of the attack are brought about.

3d. That the arrest of breathing leads to the special convulsions of asphyxia, and that the amount of these is in direct proportion to the perfection and continuance of the asphyxia.

4th. That the subsequent phenomena are those of poisoned blood; *i. e.* of blood poisoned by the retention of carbonic acid, and altered by the absence of a due amount of oxygen.

5th. That the primary nutrition change which is the starting point of epilepsy may exist alone, and epilepsy be an idiopathic disease, *i. e. morbus per se.*

6th. That this change may be transmitted hereditarily.

7th. That it may be induced by conditions acting upon the nervous centres directly, such as mechanical injuries, overwork, insolation, emotional disturbances, excessive venery, &c.

8th. That the nutrition change of epilepsy may be a part of some general metamorphosis, such as that present in the several cachexiæ, rheumatism, gout, syphilis, scrofula, and the like.

9th. That it may be induced by some unknown circumstances determining a relative excess of change in the medulla, during the general excess and perversion of organic change occurring at the periods of puberty, of pregnancy, and of dentition.

10th. That it may be due to diseased action extending from contiguous portions of the nervous centres, or their appendages.

11th. That the so-called epileptic aura is a condition of sensation or of motion dependent upon some change in the central nervous system; and is, like the paroxysm, a peripheral expression of the disease, and not its cause.—*Reynolds' System of Medicine.*

Treatment of Ascarides.

THREE correspondents write to the *Lancet* as follows, in reply to an inquiry as to the best treatment for ascarides. (Quoted by the *Medical Gazette*, New York.)

1. First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water, then (supposing the

patient to be a child of five or six years of age) throw into the bowel two drachms of tincture of iron dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days, if necessary. The state of the general health must be improved, and the vitiated mucus secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel (or, what is better, podophyllin), at bedtime, followed by a dose of salts in the morning. Afterwards tonics, as the syrup of the phosphate of quinia, strychnia, and iron, will most likely be required.

2. Tincture of perchloride of iron (B. P., 1867,) five drachms; infusion of quassia, fifteen and a half ounces; mix: two tablespoonfuls to be taken three times a day. Two drachms of tincture of perchloride of iron, to be used as an injection in half a pint of thin starch, every night.

3. The most prompt and effectual is the best olive oil, one tablespoonful at bedtime, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient.—*Buffalo Med. and Surg. Journal.*

Period of the Growth of Man.

PROFESSOR B. A. GOULD, from statistics derived from the register of 2,500,000 men in the United States army, has disclosed the fact that men attain their maximum stature much later than is generally supposed. This takes place commonly at 29 or 30 years of age; but there are frequent instances of growth until 35, not very noticeable—a yearly gain of a tenth of an inch, perhaps—still a growth. After 35, the stature subsides in similar proportions, partly from the condensation of the cartilages, partly because of the change in the angle of the hip bone. The age for maximum statures come earliest to the tallest men, as if it were the necessity of unusual development. Foreigners were shorter than men of native birth. The heights of men seemed to depend on the place of enlistment. A Massachusetts man enlisted in Iowa was an inch taller than if he had staid at home. As we go West, men grew taller. Out of one million, there were 500 who measured more than six feet four inches; but men of such stature do not wear well. In Maine, men reached their greatest height at 27; in New Hampshire, at 35; in Massachusetts, at 29; in New Jersey, at 31. The

tallest men, of sixty-nine inches, come from Iowa. Maine, Vermont, Ohio, Indiana, Minnesota, and Missouri give us men a little over sixty-eight inches, and the average of all shows the Americans to be a very tall people.

While on this subject, we may mention that the *Journal des Connaissances Medicales* noticed a book, not long since, published by Dr. Froissac, on the influence of climate and physical agents on man. The author maintains that the human race is cosmopolitan, since it can live everywhere, and by its intellectual powers neutralize the evil effects of physical agents on its organism. To this Dr. Caffee demurs, objecting that man does not perpetuate his race under all climates; that he may live, it is true, in any climate to which he is taken in the prime of life, but that sterility is often the consequence, and that at any rate his offspring will die at an early age. However this may be, Dr. Froissac's book contains much interesting matter, and the chapter on stature contains a great many new and interesting facts. On this subject Dr. Latour, in his review of the volume, expresses himself as follows :

"No one will maintain that good soldiers are not to be found among small men. During the campaign in Egypt, Moorad Bey's vexation would break out whenever he made a few of our brave voltigeurs prisoners. 'What!' he would exclaim, 'are these the men that have beaten us? Shall I never be able to vanquish those little fellows?'"

Yet Dr. Froissac maintains, on the strength of highly reliable historical records, that the inhabitants of ancient Gaul, who were victors and conquered by turns, but always terrible on the field of battle, were tall and fine men, contrary to Dr. Broca's opinion. To the lower or middling stature of Alexander, Napoleon, and Gustavus Adolphus, he opposed the gigantic proportions of Philopœmen, Pyrrhus, Cæsar, Charlemagne, Conde, Peter the Great, and Charles the Twelfth. Most of the generals of the Republic and the marshals of the Empire, such as Championnet, Kleber, Pichegru, Massena, Soult, Bernadotte, Kellermann, Bessieres, and Murat were very tall, or at least much above the common standard. Dr. Froissac not only finds the latter condition fulfilled in the case of military men of note, but also in that of great political characters, orators, poets, learned men, and generally of most men representing intellectual power; whence he concludes that, save in the case of deformity, genius and talent are independent of physical conformation. Scarron and Pope seem to nullify even the above saving clause.

On the Action of Aconite and Quinine in Neuralgia.

DR. H. M. JONES, in the *Medical Press and Circular*, thus speaks of the good effects to be obtained from a combination of these two powerful drugs. In cases where as yet I have had to use aconite, such as in the varying shades of facial neuralgia, cephalalgia, &c., I have invariably combined it with quinine, and with astonishing good effect; that is to say, to cases that quinine was administered in without any result, on combining aconite with it I afforded relief.

Now, before answering the question, as far as pathology and physiology will allow us, how far do aconite and quinine combined, or aconite alone, affect a neuralgic patient, we must first decide what is neuralgia; and here is the first difficulty. Without entering into varied discussions, we may take as the results of the researches of those interested in this curious affection, that it is due to some morbid change in the nerves of parts often *not recognizable* after death, as slight thickening, vascularity, or pressure from tumors in their immediate neighborhood, these changes being the active causes which are set in motion by external or internal agencies, as atmosphere in the first case, or stomach and intestinal disorders in the second, both alike giving rise to intense suffering, traceable often to no cause but this external or internal agency, which produces, in some unknown manner, a state of increased sensibility of the nerves of sensation of certain regions, not even evidenced by any visible changes in these parts, or, again, to some low state of vitality of certain peripheral nerves, consequent on a disordered condition of surrounding structures, or the direct result of any *injury*.

Looking now practically, as to the manner in which aconite given internally can be a remedy for any of those morbid states: 1st. As a contra-stimulant, either by a direct action conveyed to parts by the blood, as evidenced by the numbness and diminished sensibility, this influence being felt by parts preternaturally excited before acting on the system generally (Fleming). 2d. By a direct sedative action on the circulation, as shown by its action on the heart's pulse. 3d. By diminished power of sensibility of the brain—it being, as Bouchardat states, a stupefying agent, less powerful than belladonna or opium. We may thus make a twofold division of its mode of action on a neuralgic part:

1st. Reducing any increased vascularity and excitability.

2d. Exercising a healthy influence on the nerves of the part, and deadening sensibility in the nerves of the affected

region, both effects being increased in proportion as it influences the nervous system generally through the brain; and, as Dr. Fleming remarks, "If an organic lesion, resulting from an injury, be not present, our cure may be permanent;" if it be only temporary, the physician, always remembering the physiological action of aconite, must seek for those states of the system which contra-indicate its use, and not stigmatize a drug as noxious and dangerous, which, if given in congested states of organs, lungs, or otherwise, will decidedly verify his worst anticipations; or, if in anæmic states of the system we give this powerful drug, we must only blame our own rashness if its indiscriminate use leads us into trouble.

To enter into the vexed question of the exact way in which quinine acts, whether it is a tonic, acting simply by catalysis (Headland) on the blood, or by giving to it some essential ingredient in which it is deficient. For my part I must confess myself an advocate of the logical conclusions drawn by Dr. Headland on this matter in his recent able edition on the "Action of Medicines," believing quinine to be a restorative medicine, not directly neurotic, and adducing in evidence the discovery of Dupré and Jones by means of the fluorescent test, which establishes the presence of a substance in the blood similarly constituted to quinine. We may look upon quinine as producing a *permanent* change in the blood, either filling up some deficiency or producing some change in its integral constituents, and so altering the existing state, and conclude that quinine acts through the blood, and that its effects in nervine disorders are due to this blood-action, which is restorative in character. So that it is indicated in any deranged state of the system which clinical experience shows to be the result of certain morbid states of the blood, originating in a deficiency or change in its ingredients, as evidenced by a certain class of affections that follow those particular changes.

Is not, then, neuralgia often the result of such changed conditions of the blood? Pathology, in many instances, can assign no cause for it! Morbid anatomy looks in vain for any state to account for the life symptoms, and though we may have palpable causes during life and apparent after death, still, in many instances, we can assign no reason for suffering but some debilitated state of the blood, anæmic or otherwise, no practical physician having failed to observe the relation that exists between neuralgia, debility, and hysteria; often do we find all three coexisting in the same in-

dividual, and as surely as chlorosis and hysteria are allied, so is neuralgia and other debilitated states. The question arises, then, does not quinine, by altering this morbid state, relieve the condition that it has induced? and this I believe to be its true action. And so we may use it as a valuable adjunct to aconite. 1st. In neuralgia occurring in anæmic or debilitated patients, without any apparent nerve-lesion or exciting cause. 2d. In old cases of neuralgia where the primary disease has induced a state of the circulation at the part affected not in accordance with health. 3d. In all cases where, to a temporary relief, we would add permanency of cure.”

The Future of Science.

SIR J. Y. SIMPSON, of Edinburgh, who adds to his great fame as the head of the progressive school of surgery and medicine in Great Britain, a touch of poetical genius and a decided bent towards universal knowledge in his studies, indulges in the following anticipations of the future progress of the healing art :

“ But that day of revolution will not probably be fully realized till those distant days when physicians—a century or two hence—shall be familiar with the chemistry of most diseases ; when they shall know the exact organic poisons that produce them, with all their exact antidotes and eliminatories ; when they shall look upon the cure of some maladies as simply a series of chemical problems and formulæ ; when they shall melt down all calculi, necrosed bones, etc., chemically, and not remove them by surgical operations ; when the bleeding in amputations and other wounds shall be stemmed, not by septic ligatures or stupid needles, but by the simple application of hæmostatic gases or washes ; when the few wounds then required in surgery shall all be swiftly and immediately healed by the first intention ; when medical men shall be able to stay the ravages of tubercle, blot out fevers and inflammations, avert and melt down morbid growths, cure cancer, destroy all morbid organic germs and ferments, annul the deadly influences of malaria and contagions, and by these and various other means markedly lengthen out the average duration of human life ; when our hygienic condition and laws shall have been changed by state legislation, so as to forbid all communicable diseases from being communicated, and remove all causes of sickness that are removable ; when the rapidly increasing length of human

life shall begin to fulfil that ancient prophecy, 'the child shall die a hundred years old;' when there shall have been achieved, too, advances in other walks of life, far beyond our present state of progress; when houses shall be built and many other kinds of work performed by machinery, and not by human hands alone; when the crops in these islands shall be increased five or ten fold, and abundance of human food be provided for our increased population by our fields being irrigated by that waste organic refuse of our towns, which we now recklessly run off into our rivers and seas; when man shall have invented means of calling down rain at will; when he shall have gained cheaper and better motive-powers than steam; when he shall travel from continent to continent by submarine railways, or by flying and ballooning through the air."

There is certainly nothing in all this that can be called impossible—nothing to rival the wonders of the last half century.

Therapeutical Uses of Belladonna.

1. It is a powerful *cardiac stimulant*: hence it is useful in many cases of syncope and cardiac asthenia; $\frac{1}{100}$ th of a grain of the sulphate is generally sufficient. 2. It is *diuretic*, excites the sluggish circulation and torpid kidney. In acute nephritis it calms the nervous irritation and contracts the dilated vessels. In chronic albuminuria it appears to diminish the excretion of albumen. It is a safe medicine in nearly all conditions of the kidney, and tends to keep that organ in a state of healthy excitement. 3. It *promotes oxidation* in the system. Hence it is useful in the uric acid and lactic acid diatheses.—Abstract from *Gulstonian Lectures in Med. Times and Gazette*. (*Boston Med. and Surg. Journal*.)

A New Method of Preserving Animal Tissue.

M. VAN FETTER, having charge of the Anatomical Museum of the Medical University of Boulogne, near Paris, has submitted to the public an original process for preserving anatomical subjects and specimens of natural history, which he claims to be vastly superior to any of the many which have been hitherto discovered. He mixes one pound of nitrate of potash, two pounds of brown sugar, and fourteen pounds of

glycerine, or a larger quantity if required, in the same proportions. The specimens to be preserved are immersed in this mixture, where they are allowed to remain until they become as hard as wood. The time necessary to complete this part of the process varies considerably, according to the size of the pieces, and the texture of the tissue to be impregnated. It is generally finished in from one to three weeks. The pieces are then suspended in a warm, dry atmosphere, that of an apartment artificially heated being considered the best, where the inventor claims that the glycerine soon entirely evaporates, leaving the specimens of a natural color, and soft and flexible.—*Journal of Applied Chemistry*.

Position in the Treatment of Chloroform Poisoning.

DR. E. S. HOLMES, in the *Chicago Med. Examiner*, calls attention to the importance of position where danger is threatened from the effects of chloroform inhalation. He says that in cases where he observed a tendency to syncope, he directed the assistants to raise the table sufficiently high to place the patient with the head downward on an inclined plane of at least 40°. He found, invariably, that the pulse at once became fuller and more frequent, and that the color returned to the face. He detailed several cases in which the pulse and breathing had entirely ceased during the administration of chloroform, and where the elevation of the foot of the table immediately reestablished the action of the heart and lungs. He further says:

“Whatever may be the obscure causes of fatal results from the use of chloroform, I believe the danger, in by far the larger proportion of cases, depends upon a tendency to death by syncope. To overcome this tendency, it is necessary to stimulate the nervous centres. This may be done by causing a column of blood to press upon the vessels of the brain. It is not sufficient to remove the pillow from the head and place it under the hips. It is necessary that the whole body be placed upon a steep inclined plane, to force as much blood as possible, by gravitation, into the brain. I believe this is of more importance than any of the methods usually described by writers on the subject. It should take precedence of the withdrawal of the tongue, artificial respiration, galvanism, or stimulants. This remedy can always be applied without delay, and can be followed by any others which may seem desirable.

A Cure for Headache.—By GEORGE KENION, M. D., F. R. C. P., Harrogate.

THE remedy, as I have already observed, is simple; it is the bisulphide of carbon in solution. Its mode of application is no less simple. A small quantity of the solution (about two drachms) is poured upon cotton wool, with which a small wide-mouthed, glass-stoppered bottle is half filled. This of course absorbs the fluid; and, when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volatile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain; and so held for from three to five or six minutes. After it has been applied for a minute or two, a sensation is felt as if several leeches were biting the part; and, after the lapse of two, three, or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful, is that which may be grouped under the wide term of "nervous." Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache are almost invariably relieved by it; and although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet no one who has witnessed (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple manner.—*British Med. Journal.* (*Boston Med. and Surg. Journal.*)

The Discovery of Animal Quinoidine.

WE observe with regret that a very meritorious worker in the field of physiological chemistry is likely to be deprived of his due meed of credit for an important discovery; and we consider that we shall be doing a service to science by rectifying the erroneous impression which has got abroad. The discovery of a substance resembling quinine in the human body, which was originally made in this country, has attracted much attention abroad as well as here, but the real discoverer seems to have been lost sight of, since we lately

saw the researches spoken of as if they had been made by Dr. Bence Jones. This is not the case. It is true that they were first announced in Dr. Bence Jones's lectures, but they were entirely originated and carried out by Dr. A. Dupré, lecturer on chemistry at the Westminster Hospital, to whom Dr. Bence Jones had applied for assistance, and who, in fact, performed the series of researches upon the diffusion and elimination of medicinal substances upon which Dr. Bence Jones based his interesting lectures on these subjects. We speak from our own knowledge of this matter, having witnessed the whole of the quinoidine experiments from first to last in the laboratory of the Westminster Hospital; and we consider it only justice to Dr. Dupré, whose patience and ingenuity of research deserve high praise, to take care that he receives his due on the present occasion.—*Lancet*.

Treatment of Vertigo.

DR. RAMSKILL, in an article on "vertigo" (Reynolds's System of Medicine), alludes to the common mistake of attributing the symptoms to a surplus of blood in the brain, and states, that in most cases it is due to reflux innutrition of the brain from arrested digestion in the stomach; in some, to mental exhaustion; in others to feeble heart; and a smaller class, to diseases of the bones of the head, and the brain itself.

Gastric vertigo is treated by alkalies, strychnine, and other bitters. Wine should be given to persons of advanced age. Vertigo brought on by over-work, is best managed by bromide of ammonium, generous diet, and wine. Weak hearts should be toned up with belladonna, larch, and digitalis.—*Med. Record*.

Critical Days in Pneumonia of Children.

ZIEMSEN has noted especially the days on which deferescence or convalescence has commenced in this disease, as marked by a peculiarly characteristic fall of temperature. He says, that of one hundred and seven cases, in ninety-five the crisis took place on uneven days, and in twelve cases only on even days.

In nine cases this happened on the third day; in three only, on the fourth; in thirty-one, on the fifth; in five only,

on the sixth; in thirty-five, on the seventh; in four only, on the eighth; in nine, on the ninth; eight on the eleventh, and three on the thirteenth day of the attack. These results accord with what were obtained in adults by Traube, but do not correspond with those of Underlich, who found the crisis in forty-six cases on the uneven days, and as many as twenty-nine on the even days. Ziemssen suggests that the discrepancy may arise from a difference in the methods of defining the crisis. He, himself, considers the crisis to occur, not on the day on which the greatest depression of temperature occurs, but on the day on which the first considerable reduction of heat and fever takes place, accompanied by other favorable phenomena, such as sweating, sleeping, increased bronchial secretions, etc. This is the truly critical time and day, although the temperature often falls still lower on a subsequent day, and in fact reaches a point about 2° below the normal standard in about thirty hours after the commencement of convalescence.—*Hillier on Diseases of Children. (Med. Gazette.)*

Boys who Smoke.

DR. DECAISNE, (*Bull. Général de Ther.*) in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed thirty-eight boys, aged from nine to fifteen, who smoked more or less. Of these, distinct symptoms were present in twenty-seven. In twenty-two there were various disorders of the circulation—*bruit de soufflé* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drinks. In three, the pulse was intermittent. In eight, there was found on examination more or less diminution of the red corpuscles; in twelve, there was rather frequent epistaxis; ten had disturbed sleep; and four had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who were very well nourished, the disorder was, in general, less marked. As to the ages, eight of the boys were from nine to twelve years old; nineteen from twelve to fifteen. The duration of the habit of smoking was: in eleven, from six months to a year; and in sixteen, more than two years. The ordinary treatment of anæmia in general, produced no effect as long

as the smoking was continued ; but, when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal.* (*Med. and Surg. Reporter.*)

EDITORIAL.

Our Text Books.

WE are in almost daily receipt of letters inquiring, "What are your Text-Books, and what works shall I procure for myself and students?" We have concluded to answer all at once through the medium of the Review, and would strongly recommend every Eclectic practitioner to have the following works in his library: The Eclectic Practice of Medicine, by John M. Scudder, M. D.; The Eclectic Practice of Medicine, by Robert S. Newton, M. D.; Symes' Surgery, by Robert S. Newton, M. D.; Hill's Eclectic Surgery, by John M. Scudder, M. D.; Obstetrics and Diseases of Women, American Dispensatory, and Chronic Diseases, by John King, M. D.; Materia Medica and Therapeutics, by Jones & Scudder; Principles of Medicine, by John Scudder, M. D.; An Eclectic Treatise on the Diseases of Children, containing Powell's Doctrines of the Human Temperaments, by Robert S. Newton, M. D. and W. Byrd Powell, M. D.; and Concentrated Organic Medicines, by Grover Coe, M. D.

In addition to those enumerated above, there are several other works belonging to our school which the practitioner would do well to provide himself with. Among these we may mention a work on Urino-Pathology by L. Oldshue, M. D. It is a valuable work, and well worthy the confidence of those investigating the pathology of diseases by the microscopical examination of the urine. The American Eclectic Medical Review, and the Eclectic Medical Journal of Cincinnati, are the leading organs of our school of medicine. These are well worthy the confidence and support of the profession, and should be patronized by every eclectic physician in the United States.

Professional Intolerance Rebuked.

A COMBINED effort was recently made by the old school physicians of Hartford, Conn., to fasten the stigma of an unprofessional act upon the reputation of Dr. J. J. Sperry, one of the most respected and

highly influential reform physicians in that State. We are gratified at being able to announce that the doctor was not only honorably acquitted upon every charge, but that his malicious accusers were thrown into confusion, and received the well merited ridicule and contempt of all who were made acquainted with the circumstances of the case. We may, in a subsequent number, refer to the facts elicited at this trial in detail.

Medical Education of Women in Paris.

FROM the *Boston Daily Advertiser* we learn that facilities for a complete medical education and a university degree are now granted to women in Paris. An American lady has within the last few weeks been admitted to the first of the series of medical examinations which students are required to pass in Paris, and it has been authoritatively announced that permission to do the same will be granted to Englishwomen. They will be admitted to all the hospitals, to every branch of medical instruction, to five medical and surgical examinations, and, on passing, will receive a degree. An advocate of the women's cause observes that, if but a few women holding the Paris diploma practise as physicians in London, and gain high professional reputations, it is certain that all else that is wanted in England will speedily be obtained.

Confirmatory of the foregoing, we reproduce from the "Medical Gazette," with the remarks of the Editor, a letter from the Minister of Public Instruction to Miss Jex Blake:

"Department of Public Instruction, Aug. 18th, 1868.

"MDLLE.—In answer to the letter which you did me the honor of addressing to me, recommending you in the name of Lord Lyons, who wrote in your behalf to the Minister, I will inform you that the Minister has decided to grant permission to you, as well as other English ladies contemplating the practice of medicine, to pursue your studies with the Faculty of Paris, and to undergo the examinations. It should be well understood that you must be fitted, by equal attainments or otherwise, to receive the Diplomas granted under the signature of the Faculty of Medicine.

"Be pleased to receive, Mdle, the assurance of my regard.

"DANTON.

"MADEMOISELLE JEX BLAKE.

"We commend the above to the attention of the wiseacres who

voted to 'postpone' a resolution authorizing consultation with female practitioners at the late meeting of the American Medical Association. Possibly the example thus set may induce them to condescend to the level of the profession in France."

"The First National Eclectic Life Assurance Society of the United States."

IN a former number of the Review, we called the attention of our readers to the fact that this enterprise was in successful operation, and we now refer to the subject again. This society places the examination principally in the hands of Eclectic physicians. Most of the Life Assurance Societies in this country, have allowed the Allopathic physicians to monopolize the Medical Departments, the result of which has been an almost complete exclusion of our physicians. Several of the companies of this city even allow their offices to reject the certificates of the family physicians of the parties applying for Assurance if they happen to be Eclectic physicians. We considered that this indignity had been submitted to long enough, and used our influence to establish a Life Assurance Society that would be Eclectic in every feature, and where every manifestation of the illiberality that had characterized other Societies would be done away with.

The new Society has already met with great success in the issuing of policies, and has received encouragement and promises of coöperation from nearly all the Eclectic physicians of the United States. We make the following extract from the Annual Report of Mr. Barnes, the Commissioner of Insurance of New York, showing the amount of business given to medical men in connection with the operations of Life Assurance societies in this State:

"In 1867, one Company in New York issued Seventeen Thousand Policies, the Medical Examinations of which, in New York and outside, amounted to \$85,000. There are 43 Companies whose head offices are in New York: during the year 1867 they issued 160,631 policies, the medical fees for which amounted to \$401,578."

Status of Female Practitioners in China.

IN a recent Boston exchange we find detailed the results of a curious interview with the doctor of the Chinese embassy. The writer

had a conversation with Dr. Tso, chiefly with the view of learning how American female physicians would be received in China. Dr. Tso assured him that they would be favorably received, and expressed his unqualified approbation of the idea of sending out educated female physicians, to practise and teach their women the medical art. With regard to the present connection of women with the profession there, the Doctor stated that the practice of midwifery was wholly in their hands; that they were not taught the art in any schools, but had books on the subject to read. This statement agrees with other authorities. For example, Dr. William Lockhart, an English missionary physician, after twenty years' practice in China, in a work published in 1861 says, in alluding to this department of the profession, "This practice is in China left entirely to women." The interpreters Teh and Fung were quite enthusiastic in favor of the idea, and were of the opinion that the movement would receive the encouragement and hearty sanction of the government officials.

The writer had previously conferred with Mr. Burlingame, who expressed his decided approval of the plan of sending out a medically educated woman to Peking, and his readiness to do what he could to insure the success of her mission. There is every reason to believe that a doctress of the right stamp would be a popular personage among all classes, and especially in the higher grades of society. It may here be stated, for the information of any interested, that the Missionary Boards are ready to send out female missionary physicians to Peking and other stations as soon as the right ones are ready to go.

NEWS AND MISCELLANY.

NEW YORK CITY ECLECTIC MEDICAL SOCIETY.

Stated Monthly Meeting.

THE society met at the Hall of the Eclectic Medical College at 8 o'clock P. M., Dr. E. Freeman in the chair.

The minutes of the preceding meeting were read and approved.

The name of Dr. J. Tobin was proposed as a candidate for membership.

An interesting paper was read by Dr. W. R. Merwin on Carbolic Acid. After premising with a brief survey of its physical and chemical characteristics, he spoke at some length on its local application to diseased tissues. Gave his experience in the use of the agent in the successful treatment of many cases, among which were cutaneous

diseases, ulcers, syphilis, and uterine lesions. He was at present experimenting with it by inhalation in tubercular consumption. The society occupied the balance of the evening in discussion of the subject matter of the essay.

Dr. R. S. Newton said he had used Carbolic Acid extensively, and was now testing it. The medical profession were at present "running" Carbolic Acid as they had other remedies, as Cod Liver Oil. When he commenced the study of Medicine, they were as much occupied with Creosote. He was now preparing a new formula for its use.

Dr. James Day mentioned a number of cases treated with Carbolic Acid. One was a case of chronic bronchitis, with very troublesome cough. A solution of one grain of the crystals to one ounce of alcohol was inhaled five or six times daily, with entire relief within three days. In a severe case of scirrhus cancer of the breast, which had gone on to extensive ulceration, it was applied in strength of 15 per cent., destroying the fetor; and, up to this date, the ulcers are almost healed. Reference may be had to a number of other interesting cases in the Clinical Reports of the Eclectic Medical Dispensary.

Dr. W. W. Hadley, of Brooklyn, had had some experience with Carbolic Acid, from which he found that it was safe to use it in greater strength than it is commonly employed. In cancerous affections, as high as one part to four, although it might for a short time give intense pain, yet this soon subsides. In erysipelas he had used it locally at first, having but little faith in its virtues; but a number of trials found it remarkably successful. A very painful case of furuncle or boil was promptly relieved by a strong solution applied locally.

Dr. P. W. Allen had found it to arrest cough, with vomiting, in a case of pulmonary consumption. Made a suggestion on the use of inhalations in some forms of catarrh.

Dr. Freeman, in a severe case of herpes circinatus, had applied it full strength on lint or cotton, afterwards dressing the part with a simple salve. For the same purpose he was now using Iodide of Lime. To chancres he applied the acid full strength, in some cases apparently arresting the action of the syphilitic virus. It was not so painful as nitric acid. Had used it in gleet. In aphthous sore mouth he applied solution with a swab; also in scarlet fever and diphtheria. It induced healing by first intention in a severe case of gunshot wound of the hand. For inhalation with a nebulizer, used solution one grain to the ounce. Thinks it would be beneficial in chronic bronchitis, or consumption, where cavities are forming.

Under general business, no action was taken on the proposed new articles of the constitution.

Dr. A. Wilder was continued as essayist for the next meeting, Nov. 18th.

On motion, the society adjourned.

J. H. FITCH, M. D., *Secretary*.

TREATMENT OF DIARRHŒA IN THE LONDON HOSPITALS.—At the *Middlesex Hospital*, as many as sixty diarrhœa patients per day have been prescribed for by the resident medical officer and others. The favorite prescription in this institution is the *mistura hæmatoxyli* of the *London Pharmacopœia*. It is made as follows: extract of hæmatoxylon, sixty grains; tincture of catechu, two drachms; caraway water and boiling water, of each five drachms; to be taken every four hours. Five or ten minims of tincture of opium are added in some cases to each dose. All patients are ordered to their beds, and to restrict themselves to milk.

During the past season a large number of persons have applied to the *Charing Cross Hospital* for treatment. The hall porter gives to casual patients a simple astringent mixture, made of rhubarb and chalk mixture. These articles constitute the basis of the treatment of diarrhœa at this hospital. Dr. Julius Pollock gives dilute sulphuric acid, with tincture of krameria, opium, and cinnamon-water, when the flux lasts quite a time. He also orders, when there is abdominal pain, mustard and linseed poultices, or hot fomentations to the belly.

The usual treatment in the *London Hospital* has been, when the stomach was foul at the commencement of the disease, castor-oil and laudanum, and patients directed to place themselves in the recumbent posture, with farinaceous diet. When the tongue was clean, aromatic sulphuric acid, with logwood decoction, paregoric, and chloric ether, was ordered. From June 29th to July 27th, 5,719 patients applied for treatment in this affection.

Dr. Duffin, of the *King's College Hospital*, gives castor-oil, followed by chalk mixture. The regular diarrhœa mixture of his hospital is composed of castor-oil, tragacanth, and oil of cinnamon.

Between 200 and 300 patients daily have attended the *University College Hospital*, although it is situated in a healthy locality. But persons come from Whitechapel and the south side of the Thames, because the diarrhœa mixture given out there is so agreeable to the taste—being composed of dilute sulphuric acid in an aromatic water; now a small amount of assafoetida has been added, which does not make it quite so agreeable.

At *Guy's Hospital*, the ordinary treatment is by astringents, the chalk, opium, and catechu mixture. Sometimes a little Dover's powder is prescribed in the julep ammonia of the *Hospital Pharmacopœia*.

Dr. Basham's favorite prescription at *Westminster Hospital* is sulphuric acid and laudanum, five minims of the former and three of the latter to an ounce of water. The compound rhubarb mixture (containing tincture of rhubarb and chalk) is often prescribed at this hospital. Chalk mixture is mostly given to children.—*Med. Times and Gazette*. (*Med. Record*.)

"ANÆSTHESIA AND THE MODE OF ACTION OF ANÆSTHETICS.—Dr. Samson considered (*Ibid.*) the *rationale* of action of anæsthetics. He criticised the theory of their direct action on the central ganglia of

sensation, which he considered disproved by many facts. On the contrary, they present a complete similarity with the phenomena of deprivation of oxygen. The author showed that anæsthetics produce their phenomena by producing a suppression of oxidation in the body—(1st) directly, by acting on the blood, and (2d) indirectly, by modifying the forces by which the blood is circulated; and that they have no special action on sensory ganglia."

THE ETHER SPRAY USED TO ALLAY THE PAIN OF UPROOTING HAIRS.—M. Gailleton, of Lyons, has tried the spray in favus, sycosis, and also in impetigo seated in the beard, when it seemed advantageous to pull out the hair. When by means of the ether a given spot has become white and insensible, the hair is quickly uprooted without any pain being experienced by the patient, and the spray is directed to another spot while this process is going on, so that the operations succeed each other continuously until all the hair is removed.—*Lancet*.

APOCYNUM CANNABINUM IN HYPERTROPHY OF THE SPLEEN.—I cured a case of this kind in five weeks, after a fruitless use of iodine and iron, by giving the fluid ext. of apocynum c. in doses of fifteen drops five times a day in water. The primary action of this agent appears to me to be spent on the spleen.—*D. Miller in Journal of Mat. Med.*

SUB-NITRATE OF BISMUTH.—In an essay on the sub-nitrate of bismuth, Dr. Monnert enumerates the various effects of this valuable medicine. He affirms he was the first to employ it in nose-bleeding and intestinal hæmorrhage, in which latter case he administers a teaspoonful of it in two tablespoonfuls of water once an hour. He has used it in typhus fever for the last five years, and never, during that time, has lost a single patient by intestinal hæmorrhage. The same salt appears to be a specific for the cure of ozæna and otorrhœa. Sub-nitrate of bismuth, in his opinion, only acts negatively, and merely as an insulating agent, but it prepares the mucous membrane for the prompt absorption of remedies, the action of which is uncertain.—*Chicago Med. Journal*.

PHYSIOLOGY OF ANÆSTHESIA.—“In a paper presented to the British Medical Association, Dr. G. Johnson observed (*Lancet*) that the late Dr. Snow proved that anæsthetic vapors prevent the combination of oxygen with the tissues in the same way as they lessen combustion. Dr. George Harley proved that narcotics mixed with the blood lessen the amount of oxygen absorbed and of carbonic acid exhaled. Unconsciousness, or anæsthesia, is immediately due to defective oxidation of nervous tissue. The causes of this defective oxidation are various: 1. A mixture of narcotics with the blood. 2. An arrest of the circulation, as in syncope and epilepsy. 3. The circulation of unoxygenized blood, as in apnœa, and when the oxygen of the blood is replaced by nitrogen or protoxide of nitrogen.”—*Dental Cosmos*.

MISSISQUOI WATER.—The Medical Gazette, in a recent issue, ventilates the false pretensions of the proprietors of this mineral spring,

and says that Croton water will cure as many diseases as the Missisquoi waters.

SUMBUL.—a drug of comparatively recent introduction from India, which has been reputed to possess marked virtues in cholera, is now said to be very useful in nervous disorders. The tincture is the most acceptable form of administration, and is far more pleasant than valarian or assafoetida.

"BLOOD SUCKERS.—It appears that Paris is the best market in Europe for leeches, and that an extensive business is transacted in this commodity. Italy principally supplied the article, but the mouth of the Danube is now the best fishing-ground, and from Trieste no less than £120,000 in value of leeches are annually sent up to Paris. But the leech most in fashion just now is a native of Australia; he is said to be endowed with livelier qualities, and does his work in a shorter period than any of his European brethren. The Egyptian leech is, however, a serious competitor, for so great are his powers of absorption that the Viceroy has granted a monopoly of the 3,000,000 bloodsuckers which are annually to be found in the bed of the Nile, after the periodical inundation of that river, to a French dealer. On arriving in this capital, the leeches not required for active duty are sent to Gentilly, where they are lodged in reservoirs comfortably furnished with the greasy mud in which they specially delight, and filled with greenish water. Each reservoir is 50 feet by 30 feet."

REMARKABLE PRESERVATION OF HUMAN BODIES.—The bodies that were recovered recently from the central shaft of the Hoosic tunnel were in a remarkable state of preservation. They had lain at the bottom of the shaft for a year lacking a day or so, and all but one were readily recognized by their friends.

AMERICAN COMMON SCHOOLS.—In the report of the commissioners appointed by the English government to inquire into our common school system, and laid before Parliament, we read: "The field of administration of these New York school authorities is the most extensive in America. In the mere article of education, and considering the details into which it descends, it is the most extensive in the world."

A NEW ENTERPRISE IN LIFE ASSURANCE.—The establishment of the First National Eclectic Life Assurance Society in the City of New York marks an era in this class of business.

This is designed to embody all of the special advantages peculiar to all other companies in favor of the assured. It has a cash capital of \$125,000, legally invested, a Board of Directors composed of forty of our well-known, wealthy, and eminent business and professional fellow-citizens, banded together in a society owning the entire capital stock, and personally interested in, and responsible for, its honest and successful management. It is claimed that those assuring with this Society will have the following special advantages, namely:

1st. Of a Stock and Mutual Company combined.

2d. The profits are divided annually on the contribution plan.

3d. This Society always give thirty days grace to the assured in case of non-payment of premium when due.

4th. It is the only New York Company in which all policies are absolutely non-forfeitable after the first annual premium is paid.

5th. It is the only New York Company that is entirely non-forfeitable; all its policies are kept in force until the premium is exhausted in accordance with the Massachusetts statute.

6th. The return premium rates of this Society are as low as the lowest.

The Directors and Officers of this Society we feel assured are fully deserving of the confidence and support of all classes, and so long as not one in one hundred of our adult population is insured, we feel it a duty and a pleasure to call attention to this very important subject, and close with the advice to all—get your life insured immediately in the First First National Eclectic Life Assurance Society, or in some other good company, “for ye know not what a day may bring forth.”—(*From the New York Tribune*, August 25, 1868.)

DEATH FROM ELATERIUM.—In the *Western Journal of Medicine* is reported a case where fatal poisoning occurred from the administration of $\frac{2}{3}$ of a grain of Elaterium. This prescription moved the bowels vigorously every five or ten minutes for sixteen hours. The purging was finally stopped, but the patient died.

COMPRESSION OF THE CAROTIDS IN CONVULSIONS.—Compression of the carotids is said to be of great value in epileptiform convulsions, as well as in the treatment of convulsions in children. The most convenient mode of procedure is as follows:—With the thumb and forefinger compress both carotids until only a feeble current passes through them. In a few seconds the convulsions diminish, and in two or three minutes cease altogether.

ACONITE IN PARALYSIS.—*Aconite* is, *par excellence*, the great remedy in nearly all cases of paralysis. Its powerful control over the arterial and nervous system places it in the foremost rank of agents with which to combat this disease.—*Dr. Webster in Med. and Surg. Reporter.*

THE USE OF REMEDIES DURING MENSTRUATION.—In a work lately published at Paris by M. Raciborski, the author endeavors to show that the prejudicial effects of remedies used during menstruation have no existence. He considers that our acquaintance with the physiology of this function should destroy a prejudice existing both in and out of the profession. M. Raciborski has prescribed emetics and purgatives during the catamenia, and even venesection, without in the least disturbing menstruation. A great point, according to the author, is to explain to the patient that no ill consequences will

result from therapeutical interference during the catamenia, as her apprehensions might otherwise prove uncomfortable. Of course no remedies should be used except they be clearly indicated.

CONVULSIONS IN CHILDREN.—Samuel Gee, M. D. (*St. Bartholomew's Hosp. Reports*), treats infantile convulsions as follows: (1.) During the convulsions, and for a week afterwards, give the bromide of potassium or ammonium in doses (say to a child of a year old) of four grains three or four times a day. (2.) When the convulsions have been absent for a week or two, begin with ol. morrhue and vin. ferri.

THE EXPLOSIVE POWER OF SODIUM.—The explosive power of sodium is equal to that of about 25 lbs. of gunpowder, or $2\frac{1}{2}$ lbs. of nitro-glycerine. A spoonful of water coming in contact with 200 oz. of sodium would occasion an explosion equal to that which would be occasioned by the ignition of 5,000 lbs. of powder, or the concussion of 500 lbs. of nitro-glycerine.

DRESSING FOR WOUNDS.—The following formula makes a good dressing for wounds: a solution of potassæ chloras (2 drachms) in glycerine (4 fl. ounces), mixed with alcohol ($2\frac{1}{2}$ ounces), forms a clear liquid, which is readily absorbed by linen, and does not soil the clothing. It keeps the dressing moist for twenty-four hours, is easily washed off with lukewarm water, and is adapted for soft granulations.

ANTI-GALACTIC PROPERTIES OF BELLADONNA.—Dr. D. W. Stormont, of Topeka, Kansas (*Leavenworth Med. Herald*), mentions two cases of mammary abscess, in both of which the secretion of milk was stopped by the application of belladonna (ext. belladonnæ, 3 ij., aquæ, f. $\frac{3}{4}$ j.), painted over the breast. The lacteal secretion may be restrained, or entirely dried up, at the option of the physician, in in one breast, without producing much effect in the other. Hence he considers it invaluable in mammary abscess, both as a prophylactic and as a curative agent. The patient should be cautioned against nursing the child from the breast to which the belladonna has been applied.

LEGITIMATE MEDICINE IN OHIO.—Ohio allows no one to practise as a physician without a diploma, after September.

WANTED—The September number, 1866 (No. 4, vol. I.), of the Eclectic Medical Review. Fifty cents each, will be paid at this office for well preserved copies of the above No.

THE MEDICAL GAZETE.—This spirited weekly medical journal, now under the Editorial supervision of Dr. A. H. Carroll, assisted by Dr. J. C. Peters, completed its first volume in September. It is ably conducted and characterized by its liberality and progressive spirit.

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ORIGINAL COMMUNICATIONS.

The Eclectics of Former Times.—No. 3.

BY ALEXANDER WILDER, M. D.

THE Eclectic system was characterized by three distinct features : namely, its theory of the Godhead, its doctrine of the human soul, and its theurgy. Modern writers have commented upon the peculiar views of the New Platonists upon these subjects, seldom representing them correctly, even if this was desired or intended. Besides, the immense difference in the nature of ancient and modern learning has unfitted, to a great degree, students of the later centuries for apprehending properly the predominating elements of the Philaletheian theosophy. The enthusiasm which now-a-days is often considered as piety, would hardly be competent to explore or have anything in common with the enthusiasm of the old mystic philosophers.

The anterior idea of the New Platonists was that of a single Supreme Essence. This is the *Diu*, or "Lord of Heaven," of the Aryan nations, identical with the *Iao*, *Iao* of the Chaldeans and Hebrews, the *Iabe* of the Samaritans, the *Tiu* or *Tuisco* of the Northmen, the *Duw* of the Britons, the Zeus of the Thracians, and Ju-piter of the Romans. He was the Being, the *Facit*, one and supreme. From him all other

beings proceeded by *emanation*. The moderns appear to have substituted for this the theory of *evolution*. Perhaps a wiser sage will combine the two hypotheses. These deity-names seem to have been invented with little or no reference to etymological signification, but principally because of some mystical meaning attached to the numerical signification of the specific letters employed in their orthography.

All the old philosophies contained the doctrine that *ἑοί*, *theoi*, gods or disposers, angels, demons, and other spiritual agencies, emanated from the Supreme Being. Ammonius accepted the doctrine of the four Books of Hermes, that from the Divine All proceeded the Divine Wisdom or Amun ; that from Wisdom proceeded the Demiurge or Creator ; and from the Creator, the subordinate spiritual beings ; the world and its peoples being the last. The first is contained in the second, the first and second in the third, and so on through the entire series.*

* Akin to this is the doctrine of the Jewish Kabbala, which was taught by the Pharsi or Pharisees, who probably borrowed it, as their sectarian designation would seem to indicate, from the magians of Persia. It is substantially embodied in the following synopsis :

The Divine Being is the All, the Source of all existence, the Infinite ; and he cannot be known. The universe reveals him, and subsists by him. At the beginning, his effulgence went forth everywhere. Eventually, he retired within himself, and so formed around him a vacant space. Into this he transmitted his first emanation, a Ray, containing in it the generative and conceptive power, and hence the name IE or Jah. This in its turn produced the *tikkun*, the *pattern* or idea of form ; and in this emanation, which also contained the male and female, or generative and conceptive potencies, were the three primitive forces of Light, Spirit, and Life. This Tikkun is united to the Ray, or first emanation, and pervaded by it ; and by that union is also in perpetual communication with the infinite source. It is the pattern, the primitive man, the Adam Kadmon, the *macrocosm* of Pythagoras and other philosophers. From it proceeded the *Sephiroth*—ten emanations, which are not individual existences, but qualities, and are named as follows : the Crown, Wisdom, Magnificence, Prudence, Severity, Beauty, Conquest, Glory, Foundation, Dominion. From the ten Sephiroth in turn emanated the four worlds, each proceeding out of the one immediately above it, and the lower one enveloping its superior. These worlds become less pure as they descend in the scale, the lowest in all being the material world. But there is noth-

The worship of these subordinate beings constituted the *idolatry* charged upon the ancients—an imputation not deserved by the philosophers who recognized but one supreme being, and professed to understand the *ὑπονοια*, *hyponia* or under-meaning, by which angels, demons and heroes were to be regarded. Epicurus said, “The gods exist, but they are not what the *οἱ πολλοί*, or common multitude, suppose them to be. He is not infidel or atheist who denies the existence of the gods whom the multitude worship, but he is such who fastens on these gods the opinions of the multitude.”

Aristotle declares, “The divine essence pervades the

ing purely material; all subsist through God; the Ray, his first emanation, penetrating through all creations, being the life of life; therefore all is divine. The first world, *Aziluth*, is peopled by the purest emanations; the second, *Beriah*, by a lower order, the servants of the former; the third, *Jezirah*, by the cherubim and seraphim, the Elohim and B’ni Elohim. The fourth world, *Asiah*, is inhabited by the Klipputh, of whom Belial is chief. The human soul derives its elements from the four worlds, spiritual life, intellect, the passions, and corporeal appetites. A conflict having arisen between the inhabitants of the fourth world, *Asiah*, and the higher emanations, evil and disorder have thereby come to exist. Mankind having sinned in their first parent, from whose soul every human soul is an emanation, they are exiled into material bodies to expiate that sin and become proficient in goodness. They will continue to be born in new bodies one after another, till they become sufficiently pure to enter a higher form of existence. This was called the *αναστασις*, *anastasis*, or continued existence; also the *metempsychosis*, or changes of the soul.

In the epistles of Paul we find these doctrines inculcated more or less among the churches. Hence such passages as these: “Ye were dead in errors and sins; ye walked according to the *æon* of this world, according to the *archon* that has the domination of the air.” “We wrestle not against flesh and blood, but against the dominations, against potencies, against the lords of darkness, and against the mischievousness of spirits in the empyrean regions.” But Paul was evidently hostile to the effort to blend his gospel with the gnostic ideas of the Hebrew-Egyptian school, as seems to have been attempted at Ephesus; and accordingly wrote to Timothy, his favorite disciple, “Keep safe the precious charge entrusted to thee; and reject the new doctrines and the antagonistic principles of the *gnosis* falsely so-called, of which some have made profession and gone astray from the faith.”

whole world of nature ; what are styled *the gods* are only the first principles. The myths and stories were devised to make the religious systems intelligible and attractive to the people, who otherwise would not give them any regard or veneration." Thus the stories of Jupiter, the siege of Troy, the wanderings of Ulysses, the adventures of Hercules, were but tales and fables, which had a deep under-meaning. "All men yearn after the gods," says Homer. All the old worships indicate the existence of a single theosophy anterior to them. "The key that is to open one must open all ; otherwise it cannot be the right key."

The Eclectics or Philaletheians accepted substantially these doctrines, the principal difference being in names. They taught, like all the old sages, that all beings and things proceeded from the Supreme Deity in series, or discrete degrees of emanation. There are four orders of existence, says Iamblichus—gods, demons, heroes, and souls. This theosophy would explain the declaration of Paul that "all things came out from God," and that assertion of Jesus that "the Kingdom of God is within." It was no attempt to oppose Christianity or to resuscitate paganism, as Lloyd, Mosheim, Kingsley and others assert ; but to extract from all their most valuable treasures, and, not resting there, to make new investigations. Of course there was no *avatar*.

The human soul being regarded as the offspring or emanation of the deity, the whole scope of the Philaletheian system was directed to the development and perfecting of its divine faculties. Plotinus taught that there was in the soul a returning impulse, love, which attracted it inward toward its origin and centre, the eternal good. While the person who does not understand how the soul contains the Beautiful within itself will seek by laborious effort to realize beauty without, the wise man recognizes it within himself, develops the idea by withdrawal into himself, concentrating his attention, and so floating upward toward the divine fountain, the stream of which flows within him. The Infinite is not known through the reason, which distinguishes and defines ; but by a faculty superior to

reason, by entering upon a state in which the individual, so to speak, ceases to be his finite self, in which state divine essence is communicated to him. This is ecstasy, which Plotinus defines to be the liberation of the mind from its finite consciousness, becoming one and identified with the Infinite. This sublime condition is not of permanent duration, but is enjoyed at intervals, and its attainment is facilitated and repeated by abstinence, which tends to purify and elevate the mind. The agencies to accomplish it are as follows: love of beauty in the poet, devotion to science in the philosopher, love and prayer in the devout.

Plotinus professes to have realized this sublime ecstasy six times; and Porphyry declares that Apollonius of Tyana was four times thus united to the deity in his interior life, and he himself once when over sixty years old.*

The power of vaticination, popularly denominated "second sight," appears to have been possessed by these men. Apollonius asserts his own possession of the faculty as follows:

"I can see the present and the future in a clear mirror. The sage need not wait for the vapors of the earth and the corruption of the air to foresee plagues and fevers; he must know them later than God, but earlier than the people. The *theoi* or gods see the future; common men, the present; sages, that which is about to take place. My peculiar abstemious mode of life produces such an acuteness of the senses, or creates some other faculty, so that the greatest and most remarkable things may be performed."

This peculiar gift or faculty is probably to be explained as follows:

There is what may be termed *spiritual photography*. The soul is the camera in which facts and events, future, past, and present, are alike fixed; and the mind becomes conscious of them. Beyond our every-day world of limits, all is as one day or state—the past and future comprised in the present. Probably this is the "great day," the "last day,"

* Kingsley, in the 25th chapter of "Hypatia," and Bulwer in the 4th book of "Zanoni," treat of this same psychological or hypnotic condition.

the "day of the Lord," of the Bible writers—the day into which every one passes by death or *ecstasis*. Then the soul is freed from the constraint of the body, and its nobler part is united to higher nature and becomes partaker in the wisdom and foreknowledge of the higher beings.

Hence Plotinus, Iamblichus, and Apollonius of Tyana are said to have had the power of prediction and healing. The medical art was cultivated by them to great perfection, and they made great discoveries in herbal science; but it was lost through the burning of the Alexandrian library.

Iamblichus transcended the other Eclectics, and added to their theosophy the doctrine of a theurgy. He taught that the individual might be elevated to association with spiritual and celestial beings, the possession of their knowledge and will, and the ability to control as a god inferior natures. He appears to have been thoroughly familiar with the phenomena of the mesmeric trance and clairvoyance, and describes them with great exactness. He taught that the idea of God was imprinted in the soul, not by reason or ratiocination, but by a spiritual conception which is eternal and cotemporary with the soul. The different orders of spiritual beings are mediators between God and man. Their prescience extends over every thing, and fills every thing capable of it. They also give intimations during the waking hours, and impart to the soul the power of a wider perception of things, the gift of healing, the faculty of discovering arts and new truths. There are different degrees of this inspiration; sometimes it is possessed in the highest, sometimes in an intermediate, and sometimes only in the lowest degree.

Prayer, abstinence, in some instances amounting to asceticism, and contemplation are among the means of discipline required for the theurgist. Iamblichus discourses on prayer with all the earnestness of a Christian divine. The supernaturalism, however repugnant to the popular idea, is no more than is set forth in the Bible, and was also peculiar to the Jewish Essenes, who are said by Pliny to have been established on the shores of the Dead Sea *per seculorum millia*, for thousands of ages. The legitimate effect was not

to develop the practice of thaumaturgy, sorcery, necromancy, and fortune-telling, but the higher faculties and sentiments. Bulwer, who appears to have been a thorough student of Neo-Platonism and kindred topics, practically depicts its operation and influence :

“ At last from this dimness, upon some eyes the light broke ; but think not that to those over whom the Origin of Evil held a sway, that dawning was vouchsafed. It could be given then, as now, only to the purest ecstasies of imagination and intellect undistracted by the cares of a vulgar life, the appetites of the common clay. Far from descending to the assistance of a fiend, theirs was but the august ambition to approach nearer to the Fount of Good ; the more they emancipated themselves from this Limbo of the planets, the more they were penetrated by the splendor and beneficence of God. And if they sought, and at last discovered, how to the eye of the spirit all the subtler modifications of being and of matter might be made apparent ; if they discovered how, for the wings of the spirit, all space might be annihilated ; and while the body stood heavy and solid here, the freed *Idea* might wander from star to star : if such discoveries became in truth their own, the sublimest luxury of their knowledge was but this—to wonder, to venerate, and adore ! ”

Proclus was the last teacher of the Eclectic school. His writings are, if possible, more thorough and elaborate than those of his predecessors. He refines upon the theurgy of Iamblichus, and as that writer extols prayer as a means of spiritual attainment, he extols faith.

The predominating influence of the Eclectics upon religious ideas excited the jealousy of the Christians of Alexandria. Hypatia, the celebrated lecturer, the teacher of the bishop Synesius, and daughter of Theon, was set upon by a mob headed by an ecclesiastic, dragged to a church and brutally murdered. The school was removed to Athens, and finally closed by the Emperor Justinian. Its professors were compelled to escape to Persia, where they made many disciples.

At different periods of the mediæval age, arose remarkable men, who propounded one or other of the cardinal Hermetic doctrines. The Mystics and Quietists, Sufis and theosophers of every grade draw liberally on the treasury which the Philaletheian Neo-Platonists had filled so liberally. Emanuel Swedenborg and Jacob Behmen do not seem to have been exceptions; and Madame Guyon would have made a glorious counterpart of Iamblichus. Hardly a religious creed exists in the Christian world which has not thus been enriched; and literature has thence derived its choicest embellishment. Such is the Record of the Eclectics of the Former Times.

Water.*

BY J. M. F. BROWNE, A. M., M. D.,

Professor of Physiology and Pathology in the Eclectic Medical College of New York.

THE water with which we are familiar in common life is never found chemically pure. The purest in nature are snow water and rain water, and even they have a certain admixture of foreign substances. They are contaminated by defunct animalcula and other impurities washed out of the atmosphere. Spring water, too, is rendered impure by substances received in its percolation through the earth. In river water and in lake water the impurity is not unfrequently visible to the eye, presenting the color of the rocks and vegetable substances it holds in suspension. Hence it is of a reddish hue in the Red river of Texas; it is turbid in the Missouri, dark in the Big Black of Mississippi, and black in the Rio Negro of South America. It descends milky from the slopes of the Andes and the glaciers of Iceland; it is brown in the streams that flow through the moors of Scotland and the peat-bogs of Ireland; it is green among the islands of the Pacific, in the Green river of Kentucky, the lakes of Switzerland, the geysers of Iceland, and in many of the streams of the British Isles.

* Extract of a Lecture delivered to the class of the Eclectic Medical College of New York, in October, 1868.

The Croton water which supplies the city of New York, and the Cochituate which supplies the city of Boston, contain, each, a little more than 4 grains of solid matter to the gallon. The Schuylkill water of Philadelphia contains about $4\frac{1}{2}$ grains to the gallon. The water which is supplied to the city of Edinburgh, in Scotland, contains 7 to 14 grains. The water of the Thames, near London, 21 grains; that of the Jordan, 73 grains; while that of Manhattan Island, in the neighborhood of Chambers and Reade streets, before the introduction of the Croton water, contained as much as 125 grains. The purest natural water that has yet been examined is that of the Loka, in Sweden, which contains but the $\frac{1}{20}$ of a grain of solid matter in every gallon.

Absolutely pure water is to be obtained only from the chemist's still. It consists of two simple elements, oxygen and hydrogen, in the proportions, by weight, of 8 of the former to 1 of the latter. Correctly speaking, it is the protoxide of hydrogen, and not water; since the latter always contained an admixture, more or less large, of other substances, many of which are really indispensable to its use in every-day life.

Water may be regarded as the type and representative of all other liquids; and it is assumed as a standard by which to measure their specific gravities. It is converted into ice at a temperature of 32° Fah.; into steam, at 212° ; and it is evaporated at any temperature, even at those which are lower than its freezing point. It is perfectly neutral, exhibiting neither acid nor basic properties; yet it is capable of uniting both with acids and bases, and of forming therewith the compounds known as *hydrates*. Thus, with lime, it forms hydrate of lime; and with sulphuric acid, it forms hydrated sulphuric acid.

Water, as drawn from the chemist's still, is transparent and scarcely compressible, without color, taste, or smell, and is apparently as simple and inert a substance as one can well conceive; and yet there is no substance whose transformations are more surprisingly protean, or whose relations are more extensive and intricate. It forms by far the greater

part of all animal and vegetable matter. To it, the petal of the rose and the muscle of the animal are indebted, in a great degree, for their pliancy and freedom of motion. A solid body, hard as a stone, falls from the clouds and perhaps breaks your window. It is a hail-stone; you pick it up and examine it, and you find it to be a dense angular crystal. While you are looking at it in the palm of your hand, behold! it changes to a transparent fluid, which, as you continue to gaze at it, gradually diminishes and silently vanishes into air! After a while it returns again, and, falling softly and noiselessly, reappears in dew-drops on the window which erewhile its momentum had power to break; and these dew-drops, while you watch them on the glass-pane, suddenly shoot into delicate ramifications and resume their previous crystalline solidity.

Water exists around us to an extent and under conditions which escape the notice of mere surface observers. Take a plaster of Paris statue weighing five pounds, and analyze it, and you find that one pound out of the five is solidified water. The irised opal is but a mass of flint and water, combined in the proportion of 9 grains of earthy ingredients and one grain of water. Of an acre of clay land a foot deep, and weighing 1,200 tons, at least 400 tons are water. Of the great mountain chains with which the earth is ribbed—the Himalaya, the Andes, the Alps, and the Rocky mountains—millions and millions of tons are water solidified in earth. If you buy 100 lbs. of alum, you get in exchange for your money 45 lbs. of water; if you buy 100 lbs. of carbonate of soda, you get 64 lbs. of water; if 100 lbs. of soap, you get 70 lbs. of water. Go to a green-grocer and purchase 100 lbs. of potatoes, and you will get 75 lbs. of water, 100 lbs. of turnips, and you will get 90 lbs. of water. Of the 5-pound beefsteak which the butcher sells you for the morning meal, 4 pounds are water. Nay, the human frame itself is a water-built fabric, only about one-fourth of its weight being solid matter. If the body of a man weighing 140 lbs. were separated into its solid and fluid constituents, it would be found that the weight of the former would be only 35 lbs., while that of the latter would

be 105. Chemically speaking, therefore, a man is 35 lbs. of carbon and nitrogen diffused through a few bucketfuls of water!

It would be interesting, did time permit, to discuss at length all the peculiar properties of water, many of which are so conducive to our comfort. But we can glance at only a few. First: *its freedom from taste and smell*. This negative property is particularly important, and, though generally unheeded, conduces largely to animal comfort. If water possessed taste or smell, we should soon grow weary of these qualities, however exquisite they might be. Pleasant odors, though temporarily grateful, soon sate, because the olfactory nerves will not patiently submit to continued irritation. "Hence it is," as Mr. James F. W. Johnston so beautifully expresses it, "that water and air, which have to enter so often into the animal body, and to penetrate to its most delicate and most sensitive organs and tissues, are made so destitute of sensible properties that they can come and go to any part of the frame without being perceived. Noiselessly, as it were, they glide over the most delicate nerves; and so long as they are tolerably pure, they may make a thousand visits to the extremest parts of the body without producing the least momentary irritation or sense of pain."

Secondly: *its cooling property*. It possesses this in a higher degree than any other liquid. Poured over an inflamed surface, it cools more, and affords more comfort than any other substance we could possibly apply. How grateful to the fevered brow and parched tongue and the burning skin is a little cold water! It revives, invigorates, and soothes.

Thirdly: *its solvent power*. This is a phenomenon as familiar as it is marvellous. We see it every day; and yet perhaps only few of us are aware how extensive is its range. Salt when poured into water soon disappears. Its particles, opaque and fixed, immediately acquire strange mobility and translucence. The glass from which we drink *seems* insoluble, but experiment proves that it is *not* so. Glass retorts used in distilling water lose weight, and the water acquires

an equivalent impregnation of flint and alkali, the elements of glass. The old stained glass windows in Westminster Abbey, which for centuries have withstood the pelting of the rain, have at last, by its action, become honey-combed on the outside, and in many places are nearly eaten through. If a common drinking-glass be pounded and moistened, enough of the powder will be dissolved to impart to the water a powerful reaction on turmeric paper. Pure flint may be converted, by combination with water, into a transparent, tremulous jelly. Granite rock is gradually disintegrated by water; and the marble flag on the door step is worn by the drop that falls from the eaves.

“Water,” says a pleasing writer, “is one of the principal agents in the system of circulation of matter, which constitutes the life of the globe we inhabit. In the fulfillment of its office, it passes incessantly from sky to earth, now mingling with the currents of the atmosphere, and now with those that form the arteries and veins of the great world of waters. Lifted into the atmosphere by the sun, it descends again in dew and rain, corroding and dissolving the rocks on which it falls, and distributing them widely over land and sea. It settles through the stony crust of the earth, into the dark recesses of the rocks where crystals blossom out of the formless stone, and supplies them with the material for their wonderful architecture. It penetrates the soil and supplies the same material to the roots of plants, for the still more wonderful creations of leaf and fruit and flower. Again, it hastens through brooks and rivers on its course, and pours its burden into the sea, for the use of the innumerable forms of vegetable and animal life which inhabit its waters. The coral insect builds up solid islands out of the matter it provides. Countless shell-fish clothe themselves in the same rocky garments, and finally cast them aside to be buried under the slime of the sea, and harden, in the course of ages, into stone. The water which has served these various offices climbs anew into the heavens upon the solar rays, and again descends in the rain, repeating forever its round of service to the earth.”

Water is one of the most important of the proximate principles of the human body, and exists in greater amount than all the rest taken together. It enters into the composition of every solid and fluid in the body. There is no tissue—not even enamel—in which it is not found. Indeed, with the exception of enamel, teeth, bones, tendons, elastic tissue, and dried cuticle, there is no tissue of which it does not form one half. The aggregate amount of water consumed as drink in a year by an adult male is about 1,500 pounds; and the aggregate amount that makes its exit from the body by the kidneys and skin and lungs and bowels is about 1,900 pounds. Hence the quantity excreted exceeds the quantity ingested by about 400 lbs.—the surplus being probably formed in the body, as M. Barral suggests, by the combination with hydrogen of the oxygen in the inspired air, and the excess of oxygen over the hydrogen in our aliment.

52 Bond Street, New York.

Transmissibility of Secondary Syphilis.

BY T. J. WRIGHT, M. D.

PERHAPS the most important facts connected with this form of the malady are those relating to the insertion of the matter into the living tissue, and the way in which it may be modified by the laws which control its action. In a recently published treatise on surgery, having the same topic under consideration, the writer illustrates his subject by relating the following interesting case: “A medical student having become diseased for the first time, inoculated himself on the thigh, and presented himself a few days afterwards. The original sore was then surrounded by a circular, hard, button-shaped induration, and yielded very little secretion from its surface. The inoculation was at first a red pimple, containing a point of white lymph in its centre, but it soon assumed the characteristics of the original sore. In this case the inoculation was performed as soon as the disease had manifested itself.”

From this illustration it is evident that a sore affected with the specific adhesive inflammation will yield a secretion capable of being inoculated during its earliest stage, before its specific action upon the patient's system has been developed, and that the result of that inoculation may be a specific hardened sore accurately resembling the original.

The inoculation, then, of the secretion of a sore affected with specific inflammation may take place, but cannot be prolonged when once the patient's system is affected with syphilis. When successful, the results are different from those which follow the inoculation of the secretion from naturally suppurating sores. In the latter case each puncture produces a pustule, which will, by repeated inoculation, produce its like a great number of times. In the former the inoculation, as a rule, fails, and succeeds only under circumstances of accidental imitation. Even then it can be repeated a limited number of times only, and the results obtained slight and insignificant.

There is, however, reason to believe that the inoculations, if practised upon a person whose system is not already contaminated with syphilis, would give rise to well-developed primary infecting sores.

We are thus led to conclude that the primary form, which may be readily inoculated at first, after the lapse of time loses, in a great measure, its inoculability upon the patient himself, although by artificial means is capable of being called into fresh activity for a certain period.

From these experiments, sustained by numerous corresponding facts, there is every reason to believe that in the process of syphilization, the series of actions have not been of the same nature as that which gives rise to the constitutional malady; at least this is the case if the doctrine be relied upon, that the indurated chancre is the only form which affects the constitution. The morbid actions are so different in all their phenomena, as to impress the mind forcibly with the fact that they depend on two distinct and independent poisons.

It is thus evident that none other than a local disease can

be thus transmitted, for the reason that a constitutional disease clearly affects the entire system, and like a vessel full of water no more can be admitted. It is this transmission of the poison which explains the pathology of the specific suppurating sores in the lymphatic vessels and absorbents which so frequently disfigure the person of the syphilitic patient. On the contrary, the primary, the real syphilitic ulcer, is never inoculable on the subject of constitutional syphilis. It may be, and frequently is, transmitted from one person to another, but never from one part of the body to another in the person completely infected with the poison. The attempts which have been made are almost without number, yet there is not a solitary case on record to prove that any one was ever successful in his efforts to inoculate a patient affected with this form of disease. It is true, that in some cases a slight but insignificant inflammatory action has been noticed. There is not a fact either, in the whole catalogue of maladies, better sustained by observation and experiment, nor one more entitled to consideration.

This explains, in part, the reason why one syphilitic chancre after another does not appear when the virus is properly applied, and how it is that the lymphatic glands and vessels do not become infected as a result of the syphilitic poison ; even in those cases, though few in number, in which the syphilitic bubo suppurates, the wound, the result of the action of the poison, does not secrete a pus capable of transmitting its specific properties to the system from which it was derived, nor on any other saturated with the same virus.

It has been remarked, and with plausibility too, that the syphilitic chancre differs as widely from the venereal ulcer, in its essential characters, as it does from the numerous malignant diseases which flesh is heir to. The same relation exists between syphilitic virus and the subject infected with the constitutional form, that exists between vaccine virus and a person infected with the small-pox, or one protected by vaccination.

There is a period in the progress of syphilitic virus, before it has permeated every fibre and tissue, when the system is

susceptible of being again inoculated; but beyond that period the system shows no manifestation that the virus is acting, except perhaps by a slight inflammation which soon subsides, and that only in a few cases, compared with the vast multitude on whom it makes no visible impression.

The transmissibility of the secondary form is no longer a subject of speculation; for the records of medical literature teem with well-authenticated cases of infants at the breast transmitting to their nurses the local and constitutional marks, and in adults from mouth to mouth, to say nothing of the hundreds and thousands of children which have been, and others likely to be, contaminated by the virus used for the purpose of vaccination. That you may have something more tangible than my statement, in proof of this startling fact, let me refer to the experiments of Wallace, Vidal, Bennett, and others, which need but to be read to impress the mind with their importance, and enable any one to arrive at the same conclusion that I have: that the laws which govern and control syphilitic virus in the system are among the most important, to the syphilographer, which science has developed since the days of Hunter.

The great error of Hunter, and his modern imitator, Ricord, was, that he experimented on the syphilitic subject saturated with the virus. As well might he have studied the phenomena of the vaccine vesicle upon a person protected from small-pox, as to study the rise and progress and termination of syphilis upon a syphilitic subject. Mr. Rollet, assisted by several eminent syphilographers, studied separately the effects of the primary chancre—the chancre the product of the secondary sore—and paid special attention to the secondary chancre found on the female breast, and others the result of contact between lips, as well as the chancre produced by the artificial mode of inserting the virus into the integument. A few such, in conclusion, I propose to notice.

Madam — was seen by her medical attendant with a papular syphilitic eruption covering the entire body. Her hair had, bit by bit, almost disappeared, till her head presen-

ted that peculiar appearance so characteristic of the syphilitic subject, which was covered by a luxuriant crop of scabs in place of her natural hair, in connection with a visible enlargement of the sub-occipital glands, so common to persons laboring under a syphilitic taint, that it has been relied upon as an almost infallible symptom of the malady ; with numerous tubercles in the mouth and grayish patches on the tonsils, yet no signs of disease in or about the organs of generation, complete the picture perfect in all its parts.

It appears from the record that this lady had been delivered of a healthy child, and that her breasts had been drawn several days in succession by a woman who had been employed to draw them for her. Two months afterwards a crack formed on the left nipple, which was soon followed by a marked enlargement of the glands in the arm-pit, which led to an examination of the apilla and the nipples of both breasts. The result of this examination was, that two glands as large as nuts were found in the left apilla, but not painful, and on the left nipple a large cicatrizing induration at its base.

Upon further investigation it was discovered that the woman who had drawn the breasts of this lady, had at the time she was thus employed, and for six months anterior, mucous tubercles in her throat and mouth.

The infant showed no signs of disease when born, but became affected afterwards, which taint manifested itself by syphilitic ulcers on the child's lips. The question then arises, from whom could the child have derived the contamination ? The answer is, from no one but its own mother, who had contracted the taint from the nurse whom she had employed to draw her breasts soon after confinement.

The deduction to be drawn from these interesting cases, and numerous others which have been reported, is, that the secondary syphilitic inoculation resembles, in all its essential features, the primary chancre in its effects upon the system, just as much so as the vaccine vesicle resembles those which appear upon a small-pox patient.

M. Diday has gone so far as to assert that there are real

recognizable differences between a primary and secondary inoculation, and sustains the opinion by experiments made at various times, and upon a great variety of subjects, which go far to prove that there is a difference in the time of appearance after inoculation between the primary and secondary forms of the malady ; the former appearing at a much earlier period than the latter. And he further asserts that the constitutional syphilis, the result of a secondary affection, appears at a much later period after the development of chancre, than when the result of a primary affection, and that the symptoms are less severe and of a shorter duration ; and concludes by stating that the virus, by degrees, becomes weaker, till at last it fails to produce any visible effect, either in favorable or unfavorable conditions of the system.

Medical and Surgical Uses of Carbolic Acid.

BY WM. R. MERWIN, M. D.

As Carbolic Acid is justly occupying a large share of the attention of the profession, I thought it might prove of interest, and perhaps of advantage, if I should relate my experience with this agent, during the past five months.

The Carbolic Acid as found in the shops is in two forms : one as a liquid, and passes under the name of German Creosote ; the other, known as glacial or crystalline, remains solid at ordinary temperature unless exposed to the air, when it deliquesces. The liquid form is of various degrees of purity ; the inferior preparations are objectional from their offensive odor, while the pure rectified product is almost fragrant. Of late I only employ the crystals, melting by placing the vial containing them in warm water for a few moments. Carbolic Acid is almost insoluble in water, but readily dissolves in various organic liquids, as the common fixed oils or glycerine.

My first experience in the use of this acid was in May last, when I was called upon to treat a gentleman who was afflicted with sycosis. He had been treated over

four years without any improvement, but rather grew worse. When I saw him first, his face was a perfect mass of ulceration. His physicians had prescribed mercurials internally and externally, in all their various forms. The cuticle was nearly all destroyed by the continued application of caustics. You can well understand the state he was in, no ordinary case of "barber's itch," but a complicated one caused by the treatment he had received.

I first gave a thorough cathartic of podophyllin and leptandrin. After this, commenced giving the compound syrup of stillingia with iodide of potassa, and alternated this weekly with the compound podophyllin pill of the American Dispensatory, in small doses to act on the liver and remove the mercurials with which the system was filled. My external treatment consisted in first directing him to apply for twenty-four hours a cataplasm, equal quantities, of pulverized ulmus and lini, after this thoroughly washing the face with warm water and carbolic acid soap, and prescribed as follows:

R Acidi Carbolici, ʒi.; Acidi Pyrolignei, ʒiv.; Aquæ Dist., ʒiij.; Glycerine, ʒij. M.

Apply this three times daily to the ulcers and around the roots of the hair, in order to destroy the parasites. Every other night apply the ulmus and lini cataplasm.

In less than four weeks, I had the satisfaction of seeing my patient with his beard shaven off, the first time for over four years, and his skin as soft and pure as an infant's.

Four months have passed, and last week when I saw him there was no appearance of a return of the disease.

My next case was a man who met with an accident two years before, by which a sharp iron rod was thrust through his arm, just above the carpal, and between the radius and ulna. Amputation was suggested by the attending surgeon, at the time the accident occurred—the patient refused, and from that time until I saw him, his arm was useless, with a large running ulcer and very fetid odor. I applied the carbolic acid diluted with an equal quantity of water. The change was almost instantaneous. The fetor disappeared,

and within twelve days the ulcers had healed, and it so remains to-day, with no appearance of a second suppuration. He has not regained the use of his arm and hand, and likely will not, as the flexor and radial muscles and median nerve were injured.

I have applied the carbolic acid on every case of ulceration that I have treated the past three months. I use it in all stages of chancre, and as an injection for leucorrhœa, gonorrhœa and gleet; for these I make an injection as follows:

R Acidi Carbolic, \mathfrak{m} xx.; Tinct. opii, \mathfrak{z} iv.; Glycerine, \mathfrak{z} ij.; Aquæ Dis., \mathfrak{z} iij. M. Sig. Use three times daily.

So far I have not failed to arrest the discharge with wonderful quickness.

Two cases of uterine leucorrhœa, that had baffled all other treatment, I cured in a few days by throwing the solution into the uterus, and giving internally tonics.

Carbolic Acid is a powerful disinfectant, as we all know by experience how well it preserves our subjects in the dissecting room, by simply injecting the carotid artery.

It arrests suppurating ulcers, disinfects fetid discharges, and changes them into healthy tissue, which kindly heal without other treatment. Now we know from actual experience that it does all this. Reasoning from this knowledge, I believe it will remove and heal tubercles on the lungs, and to-day, with a view of trying the experiment, I am treating a case which I hope to cure. It is a lady who has been under treatment for years, and at last was informed by her physician that he could do nothing more, that she was past medical help. About four weeks since she placed her case in my hands.

I prescribed our ordinary tonics with good, generous food, fresh air, and proper exercise—and

R Acidi Carbolic, \mathfrak{m} x.; Aquæ Dist., \mathfrak{z} vi. M.

Of this she inhales, with a steam inhaler, about one ounce three times each day. She also inhales each evening the following:

R Sulph. Morphia, gr. $\frac{1}{8}$; Tinct. Gelseminum, gtt. x.; Aquæ Dist., \mathfrak{z} i. M.

The result, so far, is more than the most sanguine could expect. To-day she has increased strength, diminished cough, higher vitality, and cessation of other serious symptoms.

It is conceded by physicians of all schools, that phthisis pulmonalis is incurable. Not many years since there were numbers of diseases—now successfully treated—which once bade defiance to all the investigations of our science. It seems to me as if it would be well for us to experiment with the carbolic acid, and see if phthisis will not yield to its wonderful powers. These inhalations can do no harm. By these experiments a new discovery may be made, by which we can successfully grapple the monster, and rescue from untimely graves tens of thousands. To know that we can avert the stroke of the destroying angel, or remove the barbed arrow rankling amid the life-blood, and can say of this, or of that one, I saved his or her life, would be sufficient glory. Even if the agent only proves palliative, it will do much towards assuaging human suffering and sorrow, and would be just cause for us to rejoice as the ancient anatomists did, when they first sawed into the bony labyrinth of the ear, and beheld its melodeon of bones, its winding channels, its pearly sea rippling to the waves of sound—dropped as by instinct their instruments, and together joined in a *Te Deum Laudamus* to their Maker.

W. R. MERWIN, 42 University Place, New York, Oct. 21st, 1868.

Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF JAMES DAY, M. D., AND JOHN FITCH, M. D.

[Continued from page 216.]

Sept. 23.—D. H. M——, age 29, married.

Complains of severe cough with expectoration, yellow and tenacious; more profuse in the morning. Cough accompanied with pain and constriction in gastric region; is subject to headache. Skin and conjunctiva tinged of a yel-

low hue. Tongue heavily coated; follicular ulceration of throat; loss of appetite, and general depression.

R Zinci Sulphatis, 3 ss.; Alumen, 3j.; Fl. Ext. Hydrast., 3ij.; Aquæ 3iv.

Ft. lotio. Gargle throat twice to thrice daily.

R Podophilli Alc. Fld. Ext., 3iss.; Leptandræ, 3iij.; Hydrast., 3ij.; Sanguinariæ, 3i.; Syr. Rhei et Potassæ ad 3ij.

M. Take one teaspoonful three times daily.

Sept. 30.—Reports cured.

Sept. 4.—Henry A——, age 50, married. Acute dysentery; 8 to 10 actions daily. Severe tenesmus with flatulence.

R Discoriæ Alc. Fld. Ext., 3i.; Tr. Sepent. Co., 3ij.; Syr. Rhei et Potassæ ad 3j.

M. 3i. after each evacuation.

Sept. 9.—Reports cured.

Sept. 7.—Mary B——, age 30, married. Constipation, 6 mos. standing; the bowels act only once in two weeks unless stimulated by medicine; is subject to bilious attacks.

R Euonymi Alc. Fld. Ext., 3ss.; Nucis Vomicae Alc. Fld. Ext., 3ss.

M. Take 20 drops three times daily.

Sept. 14.—Improving; has an action every second day. Some accumulation of bile, with loss of appetite.

R Pulv. Jalapæ Co., grs. xxx. Nocte sumend.

R Euonymi Fld. Ext., 3ij.; Populi Fld. Ext., 3i.; Hydrastis Fld. Ext., 3i.; Podophilli Fld. Ext., mxx.; Strychniæ gr. $\frac{1}{3}$.

M. 20 drops three times daily.

Sept. 21.—Reports cured; appetite restored, and bowels act regularly.

Sept. 8.—Thomas C——, age 52, single. Catarrh one month's duration, contracted while sleeping in damp room; accompanied by deafness and loss of voice; ringing noise in head; appetite normal. Bowels regular; previously healthy.

R Sanguinariæ Fld. Ext. 3i.; Potassii Iodid., 3i.; Aquæ ad, 3ij.

M. 3i. ter. die.

Sept. 11.—Improving; less soreness in nose; can hear almost as well as ever. Tongue coated.

℞ Podophilli Fld. Ext., ℥xi.; Sanguinariae Fld. Ext., 3i.; Asclepiatis, 3iss.; Iridis Versicol., 3j.; Potassii Iodidi, 3j.; Aquæ ad 3ij. 3j. ter die.

Sept. 17.—Reports cured.

William T—, 21 years of age. Single. Phagedenic chancre on glans penis, involving prepuce, with phymosis; had been treated with *black wash* (Chlor. Mercury and lime water) and calomel internally to salivation; under this treatment the ulcer assumed a gangrenous appearance.

Oct. 21.—℞ Acidi Carbolici Xtals, 3iss.; Glycerini, 3j.; Aquæ ad 3vij. M. Ft. lotio. Keep constantly applied on lint.

℞ Pil. Stillingiæ Comp. iij. ter in dies.

Oct. 25.—Much improved. Ulcer granulating healthily. Phymosis gone; general health improved; has taken cold; bowels costive.

℞ Pil. Carthart. Co. iij. Nocte sumend.

Oct. 28.—Chancre entirely healed.

Oct. 30.—Mrs. A—, age 48, widow. Asthma and bronchial irritation with debility of stomach. Took severe cold two years ago. Has had cough and dyspnœa statedly ever since. Pain in back and both hypochondria under sternum and between scapulæ. Has lately suffered in loss of flesh and strength. Appetite indifferent; tongue coated; great nervousness.

℞ Podophilli Fld. Ext., ℥xl.; Leptandræ Fld. Ext., 3iss.; Populi Fld. Ext., 3ij.; Euonymi Fld. Ext., Cimicifugæ, Fld. Ext., āā 3j.; Syr. Rhei et Potassæ ad 3ij. M. 3j. bis vel ter in dies.

℞ Sylphii Fld. Ext., 3ij.; Syr. Lungwort Comp., 3iij.; M. 3j. pro re nata.

Nov. 7.—Very much improved. Cough and dyspnœa at night has entirely left her; less irritation of stomach; appetite beginning to improve; appears brighter in every respect. Continue treatment.

Case in Practice.

CASE III.—In March, 1866, Mrs. K——, aged about 55, consulted me with regard to a varicose ulcer of about seven years' standing, situated a little above the right ankle. The veins were in a varicose condition up to the knee joint, and on several occasions alarming hæmorrhage took place. She had been treated by the principal physicians in the neighborhood for several years. The operation of ligating the veins had not been tried on account of the great number of ligatures which would be required, and the danger of inflammation which would likely follow. The treatment pursued before I saw the case consisted of local applications, such as black wash, solution of tannin, sulphate of zinc, &c., together with a bandage from the toes to the knee. As the case appeared a rebellious one, I did not think that any treatment of mine would prove successful; however, as she desired me to take charge of the case, I adopted the following course, which is somewhat different from that prescribed in the books. After relieving the constipation under which the patient was laboring, I prescribed Quinia (sulphate) and aromatic sulphuric acid, and, for a local application, ordered a weak solution of tincture of the sesquichloride of iron. The limb was firmly bandaged from the toes to the knee, and kept in an elevated position. This was continued for about two months, the tonic having been alternated with sulphate of quinia and hydrastis. The result was most satisfactory; the ulcer healed, and the varicose condition of the veins totally disappeared. Although the local application of a weak solution of the tincture of sesquichloride of iron acted like a charm in this case, yet I believe no local application would have proved successful without sound constitutional treatment. I may also mention that I have found this preparation of iron a very valuable local application to all ulcers, and especially those of an indolent character. I do not consider it a specific for ulcers, but it is certainly far superior to such preparations as black wash, solution of sul-

phate of zinc or copper, and the greasy applications recommended by some of the books.

In ulceration of the mouth, throat and tonsils, I have found the tincture of iron to act admirably as a local application. I have cured several cases of ulcers in the throat by a topical application of this remedy, and a gargle of capsicum and chloride of sodium.

I. M.

PERISCOPE.

On Diseases of the Urinary Organs.

FROM Sir Henry Thompson's admirable lectures recently published in the *Lancet*, we extract the following :

HÆMATURIA.—The sources of hæmaturia may be determined as follows: 1. The kidneys, where it may be from diseased action, more or less temporary, as inflammation; or from disease more or less persisting, as degeneration of structure; or from mechanical injury, as from calculus there, or by a strain, or a blow on the back. If the hæmaturia is the result of inflammation, there will be general fever denoting its presence; if produced by slow organic change, there will be the history of failing health, and probably urine changed in quality otherwise than by the mere admixture of blood. Where blood is in very small quantity, as it will naturally be at times, note the character of the urine proper—whether of low specific gravity, pale, with albumen in greater proportion than blood or pus will account for; perhaps renal casts may be found; and look out for dropsies in any degree. In both the preceding forms, if blood is present it will give the smoke tint to the secretion. Perhaps it may be affirmed that such urine, associated with very little if any local pain, is more likely to come from the kidney than elsewhere. In malignant renal tumor, blood may be large in quantity at times: the rapidity of growth, and the size attained, are the marked characteristics of the disease. If mechanical injury be the origin of hæmaturia, there will be the history of a blow or strain; or there may be the signs and symptoms of renal calculus, of which more detail presently.

2. Then, putting aside the ureters, you will remember the bladder as the second source of hæmorrhage; and here

it may be due to some acute cystitis, stone, or tumor. The former is obvious enough from muco-pus in the urine, and through other signs; while the second may well be suspected by the symptoms, and its presence realized by the sound. Here the hæmorrhage is usually florid, and in proportion to the patient's movements. But the third condition—namely that the hæmorrhage arises from tumor—is not always to be so affirmed. As a rule, however, blood from such a source is larger in quantity than from stone, and may be associated with less of muco-pus. If the tumor is malignant, it may be felt, and the pain is often severe; if villous, it gives an even pale-red tint for days together to the urine; and in both cases the blood is florid, unless it is long retained in the bladder, when dark sanies, like coffee-grounds, results.

3. In hæmorrhage from the prostate, the third principal locality or source, the same thing occurs, if the organ is hypertrophied and the blood is retained; but the age of the patient, and the ascertained condition of the organ from the bowel, aid the diagnosis. A slight appearance of blood mixed with the last few drops of urine is a not rare occurrence in chronic prostatitis.

4. When bleeding arises from stricture of the urethra, the patient's history and the cause of the bleeding, almost always instrumental, leave no room for doubt. From the use of instruments also in the bladder, hæmorrhage sometimes arises. Then it is not to be forgotten that occasionally blood is found in the urine as the result of violent diuretics, from purpura, in fevers, and in a hæmorrhagic diathesis.

Now for the treatment of hæmorrhage. When you have determined that its source is above the bladder—that is, in the kidney or in its pelvis, probably the first and most influential remedial agent is rest in the recumbent position. Whether from a lesion affecting the intimate structure, or from the mechanical irritation of a calculus in any part of the organ, rest is the first and the essential condition. The patient is, moreover, to be maintained in as cool and tranquil a state as possible.

It is in renal more than in any other form of hæmaturia, perhaps, that direct or internal astringents or styptics are useful. I shall do no more than name those which are most commonly used—namely, gallic and tannic acids; lead and turpentine; equal to them is, I think, the infusion of matico, say in doses of two ounces every two or three hours. The tincture of iron and also sulphuric acid may sometimes be taken with advantage.

It is, however, in cases of severe hæmorrhage from the

bladder, or more commonly from an enlarged prostate, that active and judicious treatment is necessary. You will be called sometimes to a patient whose bladder is distended with coagulated blood, or who is passing frequently a quantity of fluid in which blood is the predominating element. Usually this has arisen from some injury inflicted by the instrument, although it may also be from tumour of the vesical walls. Here you will keep the patient on his back, and forbid the upright position, or any straining, so far as you can prevent it, in passing water. To this end give opium liberally, to subdue the painful and continued action of the bladder. Apply cold by means of bags of ice to the perineum and above the pubes. Better still, introduce small pieces of ice into the rectum. Do not use an instrument if it is possible to do without it. There is a great dread in some people's minds about the existence of a large coagulum in the bladder. I have even known a bladder to be opened above the pubes by the surgeon for the mere purpose of evacuating a mass of clotted blood. Leave it alone: it will gradually be dissolved and got rid of by the continued action of the urine; while if you are in haste to interfere, and are very successful in removing it, you will succeed also most probably in setting up fresh hæmorrhage. The bleeding vessels have a far better chance of closing effectually if they are not subjected to mechanical interference. Meanwhile support the patient's powers by good broths, &c.

But it sometimes happens that hæmorrhage occurs in a patient who has long lost all power of passing urine except by the catheter. This is a very different position. Here the coagulated mass which fills the bladder must sometimes be removed, or no urine can be brought away. Thus you introduce a catheter and none appears, for the end of the instrument passes into a mass of coagulum, and nothing can issue. Sometimes sufficient may be removed by attaching to a large silver catheter a six-ounce syringe or a stomach-pump. Clover's lithotrity apparatus has answered remarkably well with me in two or three instances. Let me caution you never to inject styptics into the bladder; the irritation does more harm than good.

What is the seat of the lesion in his case? Perhaps the bladder: we found it tender to the sound, and it acts with undue frequency. Yet remember this is by no means evidence of any primary morbid change there, such conditions constantly accompanying diseases affecting primarily the kidneys or the upper part of the ureter. Much more probably the kidney. The manifest local tenderness, the

repeated attacks, the impaired health, the history, the absence of all the more common causes of cystitis in any form, point to the left kidney as the seat of mischief. The absence of albumen and of renal casts—a fact of not much weight, although their presence is of the utmost importance—lead us to believe him free from organic changes affecting the renal organs. I conclude that his left kidney is the seat of calculus, although he has never passed one, and has at present no crystalline deposit in his urine—a fact by no means essential to the diagnosis; and that this calculus is the source of the blood and pus found in his urine.

It is sometimes not easy to say what kind of calculus exists in these cases, of which this is a fair type. When any calculous matters have been passed which can be examined, or when the crystalline deposit in the urine is constant, the inference is pretty clear. Add to this that the probability in any case is strong in favor of uric acid, from its known frequency of occurrence—taking large numbers, say at least fifteen to one, as compared with oxalate of lime.

A NEW MODE OF EXAMINING THE URINE.—I shall here, by way of episode, refer to a mode of determining the true character of a patient's urine, which is of extreme value in some doubtful cases—a mode which has never to my knowledge been recommended or practised, and which I have systematized for myself. I have already told you how essential it is to avoid admixture of urethral products with urine, if you desire to have a pure specimen. It is sometimes quite as essential to avoid its admixture with products of the bladder. And I defy you to achieve an absolute diagnosis—by which I mean a demonstration, and never be satisfied with less if it be practicable,—in some few cases, without following the method in question. When therefore it is essential to my purpose to obtain an absolutely pure specimen of the renal secretion, I pass a soft gum catheter of medium size into the bladder, the patient standing, draw off all the urine, carefully wash out the viscus by repeated small injections of warm water (before shown to be rather soothing than irritating in their influence), and then permit the urine to pass, as it will do, guttatim, into a test tube or other small glass vessel for purposes of examination. The bladder ceases for a time to be a reservoir; it does not expand, but is contracted round the catheter, and the urine percolates from the ureters direct. You have, indeed, virtually just lengthened the ureters as far as to your glass. And now you have a specimen which, for appreciating albumen, for determining reaction, and for freedom from vesical pus and even blood,

and from cell growths of vesical origin, is of the greatest value, and has often furnished me with the only data previously wanting to accomplish an exact diagnosis. Mind never to be satisfied to guess at anything; make, very cautiously if you will, your provisional theories about a doubtful case—indeed, the intellectual faculty will do this constantly, and without reference to the will—but arrive at no conclusion, take no action except so far as you are warranted by facts.

The Torsion of Arteries as a means of Arresting Hæmorrhage.

SOME practical points connected with the application of torsion were noticed, and the necessity of employing right instruments was enforced, and a general summary of the whole subject made by Dr. T. Bryant, F.R.C.S., and the following conclusions were reached: 1. That hæmorrhage may with certainty be arrested by torsion from even the largest vessels. 2. That it is a safe and judicious practice in all cases in which the vessels are small or of moderate calibre; and that, as far as experiments and practice yet prove, it is equally so in arteries of the first magnitude. 3. That torsion may be, “free” or “limited,” the free method being applicable to vessels of moderate size, and even to the largest of the extremities, limited torsion being more adapted for the large and loosely connected vessels. 4. That in torsion, as in the ligature, the permanent hæmostatic processes are alike due to the sealing of the divided inner and middle tunics; but that in the ligature there is only an irregular division of these tunics, while in torsion there is a complete division, separation, retraction, and valvular incurvation. 5. That in torsion the twisted cellular coat forms, with the retracted and incurved middle coat, the direct mechanical obstacle to the flow of arterial blood in the same way as the compressed cellular coat does in the ligature; but that in torsion the twisted cellular coat and incurved middle coat become subsequently a permanent means of occluding the end of the artery, while the ligature of necessity becomes subsequently a source of irritation, and too often a means of undoing what has been done by nature’s own hæmostatic processes. 6. That in torsion the twist in the cellular coat of an artery, the division and subsequent retraction, incurvation, and adhesion of the middle coat, and the coagulation of the blood in the vessel down to the first branch, are the three points upon which its temporary as well as permanent safety depends, while

the permanent safety of acupressure rests upon the last point alone, and its temporary effects upon the pressure produced by the needle. 7. That there is every reason to believe that when torsion has been successful on its first application, the fear of subsequent hæmorrhage is altogether groundless, for there is nothing, as there is in the ligature, to interfere with the physiological processes set up by nature to occlude the divided vessel, and unlike acupressure, the temporary obstacle to the flow of blood becomes a permanent one. 8. That upon physiological grounds torsion has decided advantages over the ligature and the acupressure-needle, and that if subsequent experience confirms what has been hitherto observed in the experiments on animals and the application of the practice in the human subject, we shall have gained a point of no mean importance and simplified surgery in no slight degree.—*Lancet*.

Punishment for Adulteration of Food in London in the Middle Ages.

IN the "Memorials in London" we find that, in 1311, a baker was arrested for selling putrid bread, and in 1316 another baker was sentenced to be drawn on a hurdle through the principal streets of the city for selling "light bread deficient in weight;" and in the same year the punishment of the pillory was inflicted upon a man and woman for selling bread of "rotten materials," and deficient in weight. In 1319 a certain William Spelying was adjudged to be put upon the pillory, and two putrid beef carcasses to be burnt under him, for exposing the said carcasses for sale; and in 1320 we find two cases similar to the preceding. In 1348 and 1353 the punishment of the pillory was inflicted for selling carrion—in one case the meat being burnt under the offender. In 1351 proclamations were issued as to the sale of fish. In 1364 a seller of unsound wine was punished by being made to drink it. In the following year the punishment of the pillory was inflicted upon a poulterer for selling putrid pigeons. In 1372 a woman was punished for selling putrid souls, the fish was ordered to be burnt, and the cause of her punishment proclaimed; and we find another case of punishment by the pillory in 1381, for exposing putrid pigeons for sale. In 1390 twelve barrels of eels were ordered to be taken out of the city, and buried in some place underground, lest the air might become infected through the stench arising therefrom. An important proclamation against

the adulteration and mixing of wines was issued by Henry the Fifth in 1419, and the punishment of the pillory was ordered for all who sold false wines.

If a few examples similar to the above kind were made at the present day they would be of service to the community.—*London Lancet*.

A new Styptic—The Tree Haofash and its Properties.

THE Paris *Moniteur* gives an interesting account of a tree called "haofash," which grows on the mountains of Baria, in French Cochinchina. It grows wild in the forests, hidden among lianas and other creepers, which render the wooded mountains of that country almost impervious to the traveller. Nor do the inhabitants, generally speaking, know the botanical or medicinal properties of this plant, so that it remains a secret in the hands of the bonzes and physicians. MM. Condamine and Blanchard, two French travellers, have at length succeeded, after much fruitless research, in finding this tree, having conquered the conscientious scruples of a worthy bonze, who seems to have been perfectly alive to the virtues of the French Napoleon. The Annamites, who gain their livelihood by selling the bark of the haofash to professional men, wait till the tree has attained its third year before stripping it of its bark, its usual height at that age being about twenty-four feet, with a circumference of a foot and a half or thereabouts. The operation is performed in June, when the tree has neither blossoms nor fruit; it is hewn down, and then denuded of its bark methodically, in slices about two feet long and three or four inches broad. These strips are made up into bundles weighing from thirty to forty pounds. A man will carry two of them at a time, fastened to the ends of a pole resting on his shoulder.

The bark of the haofash is outwardly of an ash-gray color, and inwardly brown. It has a strong aromatic smell, and a slightly bitter taste. When chewed it reddens the saliva; it is a powerful styptic, and is administered by the physicians of the country in case of colic, diarrhoea and dysentery. The dose for a decoction is generally from six to ten grammes in one hundred grammes of water, boiled down to one-fifth; but sometimes they merely put a bit of bark into hot water, occasionally rubbing the former against the rough sides of the earthen pot used for the purpose, and then make the patient drink the liquid, which is then sufficiently strong to cure a simple colic.—*Med. Record*.

Effects of Extreme Cold on Organic Function.

DR. RICHARDSON passed in brief review his experiments performed at Dundee in relation to the effects of freezing the centres of the nervous system. He showed that in the lower classes of animals, such as frogs, the nervous centres can be frozen for long periods of time, with recovery after entire unconsciousness and apparent death. The points added on this occasion were in continuation of this line of research. He first dwelt on the question whether frozen animals—such as frogs—respire during insensibility, and explained that they did not. In proof of this, he said that animals so treated could be placed without harm in gases which would not support life, such as nitrogen and hydrogen, and could be recovered at the precise moment of solution from the frozen state when respiration was recommencing. He had placed animals in this way in hydrogen, nitrogen, and carbonic acid. In other experiments, when the animal was frozen it was immersed in ether, and allowed to lie under the fluid until, by the rising of bubbles of air, indications of returning life were gained; then, taken out, the animal would recover. The gradual return of heat was thus the pure restorative, and the facts helped to explain many accounts as to restoration after freezing, which up to this time had been stated as strongly on one side as they were doubted on the other. The second point considered had relation to the effects on the circulation of freezing the brain. Dr. Richardson here showed that in warm-blooded animals the effect of reducing the temperature of the brain was to produce a gradual slowness of the circulation, and when the freezing was carried to the lower part or base of the brain, to produce the condition of heart and pulse known as intermittency, followed, if the operation were continued, by the entire cessation of the heart's movement. This was a point of great practical moment, as indicating the influence of the brain on the heart. Whenever the brain was reduced in physical power, as from immense mental fatigue, or shock, or anxiety, irregular action (intermittency of the heart) was almost the necessary result. Most people were conscious of this, and often thought with great alarm that they were suffering from disease of the heart, when, in fact, they were merely laboring under temporary exhaustion of the brain. The third point went to show that under the influence of extreme cold on the nervous centres (the brain and spinal cord) the extreme effect of such active poisons as strychnine could for a time be entirely suspended. This

raised a hope that in such diseases as tetanus a new and successful mode of treatment might be gradually evolved. The fourth point had relation to the influence of extreme cold in preventing and even in removing the rigidity of death. Because the body after death cools, the inference had been drawn that the rigidity of death was due to the process of cooling. This was the exact reverse of the fact. The rigidity of death was quickened by heat, and prevented by cold, probably for an illimitable period of time, the cold being sustained. Further, by taking an animal already rigid, freezing it, and thawing, the first rigidity could be removed, and the body become flaccid. The last point touched upon related to the effect of freezing and rapidly thawing the skin of certain regions of the body. It was shown that birds treated in this manner presented the extremest irregularity of movement and other signs of nervous disturbance. Thus by freezing and rapidly thawing the skin on the side of the neck of a pigeon, the bird for a time walked sideways in the opposite direction. The author concluded by noticing the able researches of Dr. S. Weir Mitchell, of Philadelphia.—*Abst. of Proc. British Ass. for the Advancement of Science*—(*Medical Times and Gazette*.)

Speech Restored by Artificial Palate.

THE *Scientific American* states: "The editor of the *Bainbridge Argus* gives an interesting account of restoration of speech by means of an artificial palate, made for him by Prof. Kingsley of New York College of Dentistry. He says:

"All persons acquainted with us are aware of the loss of speech which we sustained in early life by the destruction of our palate, caused by scrofula. This almost totally disqualified us for any business, calling us beyond the circle of our immediate friends and associates. A stranger could rarely understand a word we might say. We thank God that we are enabled to state to our friends that by means of an artificial palate, put in our mouth by Dr. Kingsley, our speech has been entirely restored, and we are now, for the first time during the last twenty-eight years, qualified to converse freely with any one without the slightest inconvenience or embarrassment, and without being misapprehended or misunderstood in any word or sentence we may utter. It has proven a very great relief to us—so much so that our past life seems to have been an uninterrupted blank.'"—*Dental Cosmos*.

Observations on Intermittent Fever.

PROF. DUCHEK, of Prague, finds, in Intermittent Fever, *the spleen always enlarged before the period of the intermittent proper*. It is easily distinguished from typhus, for in the former we find a light yellow covering of the skin, and the splenetic tumor grows more rapidly. Patients sometimes escape the fever during their sojourn in a malarious country, and are only attacked when they come to a more healthy place; but even during their first paroxysm, the splenetic tumor can be felt. Even the foetus may be attacked, when the mother suffers from intermittent fever. We saw such a case, where the mother suffered from a tedious quotidian, with enlargement of the liver and spleen. In the cadaver of the child, we found the skin of a dull color; the cavities of the chest and abdomen full of yellow water; the lower lobes of the lungs compressed, the upper ones containing very little air; the liver enlarged; the spleen considerably enlarged, reaching below the navel, and weighing two ounces.

Our experience is, that *not the paroxysm, but the change in the spleen*, is the first symptom of intermittent; and as long as paroxysms increase in time and intensity, the spleen will keep on enlarging. The percussion of the region of the heart gives, during the paroxysm, a more wide-spread, dull sound, than in the normal state; and we can hear systolic vesicular murmurs in the ostium ven. sin., and the ostia of the art. pulm. and aorta.—*Med. Investigator*.

Pure Air an Antidote to Puerperal Fever.

¶ AN epidemic of puerperal fever broke out in the lying-in asylum of Vienna, during the winter of 1865. Prof. Stamm proposed to keep the windows open day and night, considering it safer to expose his patients to the danger of catarrhal attacks, than to the poison of puerperal fever. The presiding officer, Prof. Carl Braun, objected at first to such unusual treatment in mid-winter, but as the death-rate increased, he allowed a careful trial; and as no evil consequences followed, he allowed the opening of the windows during day-time. The epidemic soon ceased; but during March, new cases appeared, and although it raged during March and April, we could congratulate ourselves to have saved every case, except the first one, by strict adherence to fresh air.—*Medical Investigator*.

Therapeutic Value of Oxygen.

WE find it in the 15th August number of the *Bulletin de Therapeutique*, summed up at the conclusion of a long and admirable essay by Dr. Constantin Paul, as follows :

1. Oxygen is not a poisonous gas, and as much as thirty litres of it a day can be inhaled for days, without producing any ill effects. Only after two or three weeks, does it commence to produce feverish symptoms.

2. Oxygen is a precious resource in cases of asphyxia, especially when this condition is the result of accidents.

3. It is a valuable remedy in attacks of nervous asthma, and even in humid asthma it will be found beneficial.

4. In phthisis, oxygen has not yielded the good results hoped from it. It gives often temporary relief, but exacerbations follow, more severe, perhaps, than when it is not used. At best, it is but a palliative measure.—*Med. and Surg. Reporter.*

Ignorance in the Medical Profession.

Two courses of lectures are considered, in our country, sufficient to impress the brains of young men, many of them still in their fourth or adolescent age, with enough medical lore to feed their minds through life.

These courses can be condensed to such a degree, that a person nine months (it takes more time to instruct an apprentice shoemaker) from the time he first thinks of studying medicine, may have a diploma from a State University, proclaiming that in the opinion of the faculty, he is sufficiently learned in the science and art of medicine, to practice upon any person ignorant enough to allow him to do so. The observance of the obligation with which the diploma is conferred and accepted, can be judged of by the fact that the most prominent object in the offices of many homœopaths, is the diploma of the university at which they were graduated, and from the teachings of which they seceded after obtaining titles. The greater the number of students at the present low prices, the larger the income of the professors, and the less the amount of knowledge obtained by the students. The status of the profession is being lowered each year, by the admission into its ranks, of men who are coaxed to come from their shops and ploughs by the underbidding of schools that desire to improve their incomes and names, not by the knowledge imparted to, but by the number of their alumni.

To speak of the ignorance of a profession is likely to arouse the combative natures of the members thereof, and may produce feelings not conducive to impartial examination of the subject; still, in order to banish ignorance, it becomes necessary to expose it, and we respectfully submit a few statements (not new) to the notice of those who are capable of observing the persons who treat, as well as the patients who are treated.

For our own amusement, we have divided physicians into three classes, the practical, theoretical, and stationary, or retrograding.

The practical start with the determination to be eminent as physicians, they search for practice of all shapes and kinds, seize every opportunity to add to their stock of special and general information, keep up with science by their observing and imaginative powers, and the use of the labors of others, are prepared for each and every emergency, and are the most successful practitioners in curing disease and in making fortunes.

The theoretical are hard students, devoted to the study of physiology, chemistry, and the kindred inductive sciences, most frequently are, or should be, teachers, they being the architects producing the laws that the practical men, as artists, apply.

These two classes are the ornaments, and will compare favorably with the learned men of any profession. They are far outnumbered by the stationary or retrogrades, men who make it a boast that they "have not opened a medical book since they graduated," in the hearing of their patients and friends; use without stint or discretion the few pedantic phrases and authorities which they may have absorbed, give "cawlomel and jawlap," or the "liver being out of order," prescribe blue mass, followed by salts and senna; when in company with physicians, seldom speak of medical subjects, or if they do, it is with a mingled leer and nudge of the elbow suggestive of being behind the scenes. These are the skeptics—men, who, like Crispino, doctors in spite of themselves, pass through their medical lives upon the sentences, "I think I would give a little paregoric—a small dose of oil," or, "the patient becoming feverish, you might give a little salts to cleanse the blood." These persons, like the homœopaths, do no good; on the contrary, much harm, by the loss of valuable time in the treatment of disease—men who are specialists, not with regard to the disease they treat, but with regard to the medicine they use, who affirm that with stim-

ulants they will cure all disorders, following their theory by giving ten ounces of brandy in cases of plithisis, but think nine and a half will do in pneumonia.

We suggest to the American Medical Association that these specialties be among those ventilated at the next assembling. Men who studied thirty or forty years ago—were well read in those days—could tell you that Macintosh bled in intermittent fever to eighty and one hundred ounces, and if that did not cure, to repeat venesection. (Scotchmen are proverbially hard to kill.) They believed it then; they believe it now. We have seen, within the last three years, extensive blood-letting in chronic diarrhœa, and have known of phlebotomy in consumption; the patients were not Scotchmen.*—*Medical and Surgical Reporter*.

Tetanus successfully treated by Atropia.

DR. G. OLIVER in the *British Med. Journal* details the following case:

A healthy-looking lad, aged fourteen, was seized with lock-jaw and severe pain in the cervical and dorsal regions, with fever, a few days after jumping from a coal-wagon. On my visit (fourth day of symptoms), I noted well marked risus sardonicus; incisors separable for less than half an inch: masseters rigid; cervical and dorsal vertebræ arched forward; sterno-mastoids and muscles of back rigid; abdomen flat and hard; legs and feet rigidly extended; tenderness along spine; arms free from tetanic symptoms; paroxysms of severe general spasm every few minutes; pulse 140; sleepless. I ordered one-sixteenth of a grain of atropia every three hours; and linimentum belladonnæ to be well rubbed over the spine and rigid muscles every six hours.

Within twenty-four hours, the physiological action of atropia showed itself; then the clonic spasms became less severe, and of shorter duration; and the tonic rigidity gave way, first in the legs and neck, then in back, and last of all in abdomen and masseters. On the sixth day of treatment by atropia, rigidity of the masseters alone remained. He was kept under the influence of atropia for three weeks. He then quickly and completely recovered his usual health under steel and quinine.

* Our old school friends will occasionally make some vulnerable admissions. As this applies to their own school they will pardon us for reproducing it in this Review.—[ED. R.]

It is said by Brown-Séquard, that belladonna reduces congestion of the blood-vessels of the spinal cord and its membranes; that its principal physiological action is "spinal anæmia." I believe that the tetanic symptoms in this case depended on an excitability of the spinal cord, probably caused by "spinal congestion"—a derangement of the vaso-motor nerves of the cord and its membranes, which allowed more blood than normal to circulate through the contents of the spinal canal. If so, we have the *rationale* of the therapeutic action of atropia in this and allied cases.

Granular Inflammation of the Urethra.

THE most important revelation of the endoscope is the complete establishment of the fact that the mucous membrane of the urethra, like that of the eye, is subject to a *granular* inflammation, and that this disease constitutes the true lesion in many chronic gonorrhœas. Some years ago experiments were made on women hired for the purpose, which showed that granular ophthalmia might be inoculated into the urethra and there produce a disease which could not be distinguished from chronic gonorrhœa.

In fact, true chronic gonorrhœa is a *granular* inflammation identical in nature with that which produces granular inflammation of the eyelids, of the cervix uteri, and of the larynx; and one may be produced from the other by inoculation.

When *granular*, or true chronic gonorrhœa exists, it has no tendency to spontaneous recovery, but will last an indefinite number of years unless properly treated, and will communicate contagion as long as it continues. This disease often persists long after the patient believes himself or herself free from the clap, and hence the frequency with which men contract gonorrhœa from females whom they believe, and who believe themselves, to be free from disease. The chief use of the endoscope is in the diagnosis and treatment of this disease. Granular inflammation of the urethra, like that of the eyelids and cervix uteri, is extremely slow and obstinate, sometimes requiring several months or even a year or more to effect a cure. As long as the endoscope shows any granulations, the disease and its contagiousness continue. During all this time the discharge may be scarcely worthy of notice, and not at all purulent, but a slight irritation serves to arouse the granulations into activity, so that

the patient, without being subjected to any new contagion, may have all the symptoms of a new attack of acute gonorrhœa. Chronic or granular urethritis may also be communicated in the quiescent, or almost latent, form without the patient ever passing through the symptoms of ordinary manifest clap. Hence many persons will give gonorrhœa to others, who are utterly unaware that they have ever had the disease themselves. In the French and Prussian official examinations the quiescent form of the disease has until lately escaped notice; for granulations were not looked for, nor appreciated, but only the more noticeable phenomena of ordinary gonorrhœa and syphilis. Hence the license system for a long time proved very inefficient in restraining the spread of gonorrhœa.

The tendency of the granular disease is also gradually to infiltrate the mucous membrane with permanently organized plastic lymph and thus lead to stricture. Hence the vulgar opinion that stricture is generally due either to acuteness of the first inflammation, or to the injudicious use of nitrate of silver and other injections, must be considered erroneous. Granular urethritis tends towards stricture in all cases, though the narrowing is not always so great as to trouble the patient's urination.—*Med. Gazette.*

Ligature of the Common Carotid Artery.

THE last number of Langenbeck's *Archiv* contains a long article from Dr. C. Pilz of Breslau, on ligature of the common carotid. Included in this, are statistical tables of 586 reported cases, which are arranged in the following manner: ligature for hæmorrhage 220 cases: ligature for aneurism, 86 cases; ligature for tumors, 138 cases; ligature before and during the removal of tumors, 69 cases; ligature for nervous affections 35 cases; ligature for Brasdor's operation, 38 cases. The total amount of cases is further increased to 600 by others, of which full details are not given. In 29 instances the common carotid was tied on both sides, in 57 on the right side, and in 194 on the left. The sex of the patient is not given in every case, but of 537 patients 403 were males and 134 females. The sympathetic nerve was in one instance included in the ligature. Affection of the nervous system followed the operation in 160 cases; hemiplegia occurred in 8 per cent., and 76 per cent. of the patients so affected died. Of the 600 cases, 319 were cured after the operation, and

259 died; the result in the remaining being unreported. The ligature in the majority of cases came away between the thirtieth and fortieth days after the operation. The nervous symptoms following deligation of the common carotid, are attributed by Dr. Pilz to deficiency of arterial supply and to venous congestion, and also to nutritive changes brought about by the establishing of the collateral circulation. In cases of aneurism, Dr. Pilz advocates the application of digital and mechanical compression, and holds the opinion that deligation of the carotid should be performed only as a last resource when all other methods of treatment have failed.—*Archiv für Klinische Chirurgie*, Bd. ix. 1868.

EDITORIAL.

Concentrated Eclectic Medicines.

ALTHOUGH we have for many years as a journalist, called the attention of our readers to this subject, we feel that it is worthy of all that can be written in its favor.

These remedies have been the great characteristic feature of the therapeutic department of our school of medicine, and now almost the entire list has been adopted by the Homœopathic practitioners, and is to be found in their later works on *Materia Medica*.

They are now in general use by the Allopathic physicians, and are embodied in their recent works on *Materia Medica* and the *Practice of Medicine*. These facts are a source of great satisfaction to every person who has been in any way connected with the developing the new remedies and creating a position for them in the confidence of the medical profession.

The field for investigation by our organic chemists was never greater, and it is hoped they will continue to labor successfully until they make still greater discoveries than those which already give to the American Eclectic medical profession their distinctive and well-earned position. The mercurial preparations are now being abandoned even by Allopathic physicians, recent experiments having proven that they produce no cholagogue action, as was formerly supposed. Podophillin will soon take the place of mercurials generally. This combined with the Stillingin, will, no doubt, entirely supersede them in the treatment of the whole class of syphilitic diseases. We might consider the relative value of more or less of the whole

class of new remedies by comparing them with the pernicious agents formerly in use, but we do not think it necessary, as many physicians of all schools of medicine are convinced of their superiority. B. Keith & Co., of this city, are now supplying the European drug markets with the concentrated medicines. The demand for these medicines are so great that many thousand dollars worth of crude articles are yearly required to supply it. The commission appointed by the English Government to test these medicines in hospital practice, after a careful examination, reported that they found them to "do all the American Eclectics claimed."

The Eclectic Medical College of New York.

THE Winter Session of this College is now in successful operation. There is a larger attendance than upon the former sessions. Several States are represented at this time, among which are Maine, New Hampshire, Massachusetts, Connecticut, New York, New Jersey, and others.

Our Faculty is full, and every lecturer is at his post. The lectures begin in the morning at 9 o'clock, continue until 12 o'clock, after which there is an intermission of one hour; the class then enter the Hospital and remain until three o'clock. When they assemble again in the College, after this, there are two lectures in the afternoon. The college closes at 5 o'clock. Each member of the Faculty delivers four lectures each week.

The Spring Session commences immediately upon the close of the Winter Session, which will be about the middle of February, 1869.

Personal.

PROF. J. R. BUCHANAN, who was for many years connected with the Eclectic Medical Institute at Cincinnati, as Professor of Physiology and the Institutes of Medicine—author of a work on Anthropology, Editor and Publisher of Buchanan's Journal of Man—has purchased a large estate near this city, with the view of making it his permanent home. Prof. B., who comes to New York with ample means, and surrounded by a large circle of influential friends, will not fail to succeed in his scientific labors.

SANFORD BELL, M. D., one of the original co-workers in Medical Reform with the late Profs. I. G. Jones and T. V. Morrow, we

learn is about to return to New York, his native city. Dr. Bell after graduating in this city, visited Europe and graduated at one of the medical universities of London. After traveling over the continent and spending several years in the various hospitals, returned to his home. Soon after this he was appointed surgeon in the regular army, where he served for many years. He settled in Iowa, and was made Professor in the Medical Department of the University. When the late war commenced he again entered the army as surgeon, and filled with great distinction that position. He then settled in Memphis, Tenn., where he has ever since resided. Dr. Bell, as one of the true and tried Eclectic Physicians and Surgeons, will be a great accession to our ranks in this city.

W. R. MERWIN, M. D.—This gentleman graduated in the Eclectic Medical College of New York City in 1866. He is a good practitioner, and is well informed in his profession. On the 25th November he left our city to form a copartnership with J. A. Reid, M. D., of Davenport, Iowa. Dr. Reid is one of the very best Eclectic practitioners in that State, and has at this time a large and lucrative practice.

To our Subscribers.

WE desire to remind many of our patrons that their subscriptions for the current year have been due for some time, the prompt payment of which would prove very acceptable.

We would also take this occasion to ask the coöperation of our readers to extend the circulation of the Review. With a little effort each subscriber could send us a new one. Shall we have the effort?

Acupuncture Instrument.

WE are requested to announce to the profession that the partnership heretofore existing between Brown & Herrick has been dissolved, and that the business will be hereafter conducted solely by Dr. A. R. Brown.

We understand that Dr. Brown will soon have ready for use a new and greatly improved acupuncture instrument, entirely devoid of all objectionable features, together with improved fluids to employ with the instrument. A new work, revised, enlarged, and rendered more specific in detail, with a treatise on the most important female diseases appended, will soon be issued.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

A VALUABLE BOOK.

WE have had an opportunity of hastily glancing at a work recently issued from the London press. It is from the pen of "W. A. Browne, LL.D.," and is entitled "The Merchant's Handbook." From the examination we have been able to bestow upon this treatise, we regard it as an admirable book, and one eminently useful to those who are engaged in mercantile pursuits. To the banker and merchant and general trader it will especially recommend itself. We notice that the British press speak of it in terms of high commendation, and are unanimous in pronouncing it a work at once useful, accurate, comprehensive and complete. For ourselves we are so much pleased with it that we should be glad to see it republished in America. "It purports," says the author in his preface, "to be a book of reference for the use of those engaged in domestic and foreign commerce. It states under each country the denomination of money used in keeping accounts and shows their British value. It enumerates, under distinct heads, the gold and silver and copper coins, and the measures and weights of each country, and gives their English, as also their French or metric values. This information is, to a great extent, official. It is mainly based upon the authority of gentlemen who have long resided in the countries treated of. A series of questions on the coinage and metrology of the several countries was addressed to the Foreign Ministers and Consuls in the United Kingdom, and to the English Ministers and Consuls abroad. In almost all cases clear and satisfactory answers were promptly and courteously afforded." The contents of the "Handbook" seem to have been compiled with great care, and, as they were prepared chiefly from official sources, may be regarded as perfectly reliable. The work is neatly and perspicuously written, and contains a vast amount of varied information which the banker and merchant cannot find elsewhere. It certainly supplies a want that has long been felt—here as well as in Europe—and hence our earnest desire to see it, as we said before, republished in America.

NEWS AND MISCELLANY.

NEW YORK CITY ECLECTIC MEDICAL SOCIETY ANNUAL MEETING.—The Annual Meeting of the New York City Eclectic Medical Society took place at the college building, eight o'clock Wednesday evening, Nov. 18th, the President, Dr. E. Whitney, in the chair.

The minutes of the preceding meeting were read and approved.

An entertaining essay of a general character was then read by

Dr. Alexander Wilder. The essayist made some critical remarks on the medical profession, its diverse theories, the vast fields for research and improvement in the branches of science which lie at its foundation, Surgery, Physiology, Obstetrics, Chemistry—especially the department of organic chemistry;—the superiority of organic over inorganic substances as medicines, drawing analogies from the working of nature and what the medical profession and especially the Eclectic medical profession are expected to do in achieving for medical science a glorious future.

This being the evening for the annual election of officers, Drs. Freeman, Wilder and Cooper, were appointed a committee to make the nominations.

The committee reported the names of the following gentlemen as officers for the ensuing year.

President, PAUL W. ALLEN, M. D. *Vice-President*, J. M. F. BROWN, M. D. *Secretary*, JOHN H. FITCH, M. D. *Treasurer*, P. ALBERT MORROW, M. D.

All of whom were elected by ballot.

The Society adopted the 8th article of the constitution. The motion to change the time of meeting was withdrawn. A motion was made to amend the second article of the constitution by adding after the enumeration of the officers of the Society, "A board of Censors consisting of three." Laid over till next meeting.

It was moved that the Society take up on the next regular meeting, the discussion of Acute and Chronic Bronchitis. Carried.

Dr. H. C. Cooper and Dr. W. R. Hayden were appointed essayists for the next meeting.

On motion it was resolved, That the president appoint delegates to the New York State Eclectic Medical Society, to meet at Albany, January —, 1869. Agreed to.

The Society adjourned.

J. H. FITCH, M. D., *Secretary*.

SURGERY BY LIGHTNING.—The *London Times* says: "A boy of twelve, belonging to Korsk (Western Russia), who used to walk with a crutch, on account of ankylosis of the right knee, was on horseback in the fields when he was overtaken by a violent storm. After a severe clap of thunder the horse ran away, and the boy, completely stunned, fell to the ground. When his senses returned, and he tried to rise, he found that his right leg was gone. His uncle, who had ridden by his side, and his own horse, had disappeared. The poor boy, at first somewhat collapsed, fell asleep. His companion, however, at last returned, after having secured the horse, and on examining his nephew, he observed that the right leg was entirely wanting. The patient's shirt and clothes were in shreds, and burned along the seams, and on the body were many sears. The boy was conveyed to the village in a cart, suffering severely in the stump, and much

alarmed at the hemorrhage, which, however, soon stopped. A few days afterwards Dr. Ragowitch found a regular wound as usually made by the amputating knife, surrounded with granulations and presenting in the centre a few gangrenous spots. The division had been effected by lightning, through the super extremity of the tibia, the patella and femur being intact. The healing of the wound was very rapid, and by the use of ordinary means. The severed leg was found on the grass several days after the accident, just where the boy had been thrown from his horse. It was quite dried up, and emitted no smell, the tibia being quite black, and stripped half way down the leg. These facts are mentioned in the *Berl Klin Woch.*, No. 21, 1868, and guaranteed by Dr. Sencyanko."

LIABILITY OF MEDICAL MEN TO BE ASSESSED FOR DAMAGES.—A somewhat singular verdict, it seems, was rendered at the County Assizes on Monday last in the case of Jackson *versus* Hyde. The defendant is a medical man residing in Stratford. He is a graduate of a Scotch university, and has been in practice for nearly thirty years. The plaintiff is a woman who, some six years ago, had one of her hands and the muscles of the arm so severely torn and lacerated by a threshing machine, that the defendant, whose advice and services were sought and enlisted, deemed it necessary to amputate the arm above the elbow. The question was now raised, six years after the event, whether the condition of the hand and muscles required that the arm should have been amputated above or below the elbow. The jury took what may be considered the sympathetic view of the case, and brought in a verdict against Dr. Hyde and damages to the extent of \$250.—*Toronto Leader*, 28th.

THE female physicians in England are restricted to the practice of midwifery and to the uncontagious diseases of women and children. It is a gratifying fact that so far no deaths from the first cause have resulted, and it speaks volumes.

AMPUTATION OF THE UVULA.—With a view to prevent, in great measure, the painful sensation arising from the passage of a bolus of food across the raw stump of a previously elongated uvula, Mr. Maunder proposes to amputate this organ by the double flap method. These fall together, and their cut surfaces being in contact, no raw surface is exposed to irritation. He recently adopted this plan with a highly satisfactory result, introducing a small suture to maintain coaptation of the flaps.—*Lancet*.

INSECT VENTILATION.—An English gentleman lately took a small wasps' nest, about the size of an apple, and, after stupefying its inmates, placed it in a large case inside of his house, leaving an opening for egress through the wall. Here the nest was enlarged to a foot in diameter, holding thousands of wasps. Here he was able to watch their movements, and noted one new fact—namely, their systematic attention to ventilation. In hot weather from four to six

wasps were continually stationed at the hole of egress; and, while leaving space for entrance or exit, created a steady current of fresh air by the exceedingly rapid motion of their wings. After a long course of this vigorous exercise, the ventilators were relieved by other wasps. During cooler weather only two wasps at a time were usually thus engaged.

ERGOT IN THE TREATMENT OF PURPURA.—Dr. Bauer of Neuteraushausen (*Deutsche Klinik*) reports great success in the treatment of purpura hæmorrhagica with secale cornutum. He gives eight to ten grains three times or oftener, daily, until hæmorrhagic manifestations cease. When anæmia remains he treats it with chalybeates.

PYROXYLIC SPIRIT.—Five to ten drops, are recommended as "one of the best remedies for the sickness of Uterine diseases or of Pregnancy."

NEW MODE OF CAUSING DEATH.—A ghastly scientific discovery is reported from Turin, where Professor Castarini, the celebrated oculist, has found a way of killing animals by forcing air into their eyes a few seconds, and almost without causing them pain. Experiments were recently made at the Royal Veterinary School, and it is said that they have fully proved the truth of the Professor's invention. Within the space of a few minutes four rabbits, three dogs and a goat were killed in this manner. The most remarkable is that the operation leaves absolutely no outward trace.—*Exchange*.

THE PROTOXYDE OF AZOTE IS BEING EMPLOYED AS AN ANÆSTHETIC by Dr. Seymour in the extraction of teeth, producing complete insensibility in two minutes. It is said to be perfectly innocuous, and to be respired without difficulty or repulsion.—*La France Médicale*.

IN INDURATED HÆMORRHOIDS, M. Hillairet employs suppositories containing one-tenth part of iodoform. In a few days the hæmorrhoids soften and wither.

A NEW MODE OF DRESSING WOUNDS.—In Belgium, a new mode of dressing wounds has been adopted. A sheet of lead one-fiftieth of an inch in thickness is applied to the seat of injury, and made to assume its shape by pressure. By means of strips of adhesive plaster the lead is secured, and a current of fresh water is passed over the surface of the flesh once or twice a day.

NOVEL PRESCRIPTION FOR GUNSHOT WOUNDS.—About the years 1665 and 1666, *Richard Wiseman*, who had served in the armies of James I. and Charles II. as surgeon, advocated the following formula for gunshot injuries: "Boil in two pounds of oil of lilies two new-whelped puppies till the flesh fall from their bones; add some earth-worms in wine. Then strain, and to the strained liquor add $\frac{5}{8}$ ij of turpentine, and an ounce of spirit of wine."—*Med. Record*.

ARMY SURGEONS' FEES IN THE REIGN OF EDWARD III.—Soon after the battle of Crecy, in 1347, surgeons were engaged to attend upon the troops. The engagement was limited to the duration of hostilities, or for a particular day's service. Four-pence per day was allowed, as the rate of pay, with the privilege of shaving the men and receiving monthly from every soldier two-pence, in the shape of what was called "regards."

John Arderne was the only medical officer present at the siege of Calais or at Crecy, in 1346 and 1347.—*Ibid.*

THE QUALIFICATIONS OF AN EDINBURGH SURGEON IN 1505.—In 1505, the Surgeons of Edinburgh were in no way behind the other schools in the three kingdoms, and we are somewhat surprised to read that "when the Surgeons of Edinburgh were in 1505 incorporated under the denomination of surgeons and barbers, it was required of them to be able to read and write, to know anatomie, nature, and complexion of every parte of the human bodie, and lykeways to know all vayns of the samyn that he make *flewbothomie* in due time, together with a *perfect knowledge of shaving beards*."

TRISMUS NASCENTIUM.—The treatment of this affection by the local application of chloroform to the spine, which was first suggested by Dr. Whitehill of St. Louis, is rapidly gaining favor with the profession. In a case reported in the November No. of *The Humboldt Medical Archives* the following method was pursued. A small strip of cotton cloth was moistened with chloroform and applied to the entire length of the spine, with the effect of promptly and completely arresting the spasms, and by renewing the application whenever there were indications of a return of the paroxysm they were completely controlled and their recurrence prevented. Invariably upon the subsidence of the burning pain immediately incident to the application of the chloroform, the child would fall into a peaceful, quiet sleep.

SODA *versus* POTASH.—Dr. P. H. Van der Weyde says that he has found the nitrate of soda in all cases, as a medicine, superior to nitrate of potash, and that he had discarded the potash from medicinal use. Iodide of *sodium* is better than iodide of *potassium*, and bicarbonate of soda is preferable to the bicarbonate of potash in domestic economy. His theory is that potash is foreign to the animal body, and produces eruptions on the skin, while soda is demanded for the healthful performance of physiological actions that belong to life.

CURE FOR THE STING OF THE BEE OR WASP.—The peculiar poison produced by these insects has been found to consist in part, if not altogether, of *urous acid*, which may be effectually and almost immediately neutralized by the application over the part stung, of powdered prepared chalk, or carbonate of lime, made into a thick paste with water. The resulting compound is, of course, *urite of lime*, which is perfectly innocuous.—*Jour. of Applied Chemistry*.

RELATIVE MORTALITY FROM SMALL-POX.—Thirty years before vaccination was introduced into England, the mortality from small-pox was 3,000 to the million of population; now it is only 171 to the million. The mortality in the small-pox hospital is ascertained to be, in non-vaccinated cases, 37 per cent.; while that of the vaccinated was only $6\frac{1}{2}$ per cent. It seems that in the great majority of instances, to have been vaccinated renders one proof against the contagion, as though one had passed through the original disease itself.

TURPENTINE AS AN ANTIDOTE TO PHOSPHORUS.—The *Archives Gén. de Médecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup, containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition, and even the phosphorescence of phosphorus, but the practical application of this knowledge is not so generally adopted as it should be.—*Med. and Surg. Reporter*.

CURE FOR ITCH.—Dr. Le Cœur recommends the cure of itch by the pleasant application of aromatic vinegar. He has for years employed this simple economic remedy, with constant success. The vinegar should be rubbed in with a roughish sponge. Four or five frictions generally effect a cure. A warm bath will remove any erythema which may arise. The Prussian military authorities cure the itch by smearing the parts with a mixture of two parts of liquid storax with one part of sweet oil. The cure is said to be complete in twenty-four hours. Either of the above, if successful, is far more pleasant than the usual sulphur treatment now in common use.—*Chem. Gazette*.—*Humboldt Med. Archives*.

FECONDATING CAPACITY OF THE OVARIES.—M. Sappey's microscopic examinations have shown that in one healthy ovary, the number of ovisacs and ovules is more than 300,000, making about 700,000 for the individual. He therefore calculates, that if all the ova existing in the surface of the ovaries of a young woman eighteen or twenty years of age were to be fecundated and undergo all their phases of development, it would require but one woman to populate four such cities as Lyons, Marseilles, Bordeaux, and Rouen; and but two to furnish inhabitants for a capital like Paris, containing 1,600,000 souls.—CAZEAUX.

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ORIGINAL COMMUNICATIONS.

The Temperaments.*

BY DR. H. JOHN HOLDEN.

THE subject of this Essay is the newly-discovered science of Temperaments and the division of generic-type, applied to the selection of parties compatible in marriage. When we say temperament, we mean element of constitution, for temperament is from *temper*, to mix, to give a consistency, as to temper mortar or clay, hence the character of a mixture.

The animal economy is built up with four systems of organs, besides the recuperative system (the internal viscera), and when two of these systems of organs are found predominant, the person is said to have a temperament that is called by the name of the predominating systems. When the physical economy is so tempered or constituted that neither of these systems or temperaments are too weak to perform their respective offices or functions without undue fatigue, the person is said to have a good constitution. You are all familiar with the expression, a strong constitution, and by this you

* Extracts from a MS. Lecture of Dr. H. John Holden, which he furnished J. W. Wood, M. D., for publication in the Eclectic Medical Review—copied in London, April, 1868.

understand the ability to endure fatigue, and withstand the attacks of disease. To confer such a constitution on posterity is the mission of the scientific discovery we are about to unfold.

In 1854, I read the works of Dr. Walker of England, on Intermarriage. In 1864, Dr. Wm. Byrd Powell, of Ky., published (in a N. Y. journal)* three letters, giving some account of his own researches and discoveries. He could tell by seeing any married couple, or good pictures of them, whether they would be, or had been blessed with children or not, and if so, whether those children would be long-lived or not, and about how long they would live, or had lived, and what complaints they were predisposed to. Not being able to obtain the tuition of the late Dr. Powell, I have studied this science, and have procured a number of pictures showing the different temperaments—well-matched—half-matched—and mismatched.†

Having reduced the diagnosis of constitution or temperaments to an exact science by our own discoveries, we will give you a brief, yet clear outline of that science, that you may be able to distinguish at sight, what temperaments predominate in any constitution.

Beginning with the head, we find within the cranium two brains, the cerebrum, and the cerebellum. The large brain is the seat of the understanding, and the small brain is the seat of the will. The cerebrum sends out a system of telegraphic lines, called nerves of sense, through which the understanding by means of the five senses takes note of surrounding objects and events—while the cerebellum sends out another system of telegraphic lines, or nerves of motion, to a regiment of muscles through which it has command of the

* In 1836, Dr. Powell announced his discovery that the human temperaments could be read from the crania alone, without the adjunct of the hair and eyes, flesh, or even the remainder of the skeleton. His "Natural History of the Human Temperaments," was published in 1856. (*Eds. Review.*)

† We regret that we were unable to procure the plates here referred to. Their presentation would have rendered the author's views much clearer and more intelligible. (*Eds. Review.*)

entire body. The cerebrum with its nerves, make what anthropologists call the nervous system, and when this system predominates, *i. e.*, when the cerebrum is large compared with the cerebellum, the person is said by some to have a *nervous temperament*, and by others to have an *encephalic temperament*. The principal part of this system is located in the head, hence its name from the Greek word *en*, in, *kephalon*, the head. The external indications of the nervous or encephalic temperament, are a large and prominent forehead, caused by a large cerebrum filling out and distending the frontal and parietal bones. In infants, this temperament is known by the very notably larger head than is found in the vital, or cerebellum temperament, commonly called the *bilious temperament*.

The cerebellum with its system of nerves constitutes the active or vital temperament. If the cranium was only transparent, nothing more would be necessary to determine the cerebrum, or nervous-sensitive temperament, and the cerebellum, or vital-activity temperament, than to inspect the two brains and compare their relative size and power.

The external indications of the vital temperament, are hair growing lower on the forehead and temples, often with a conspicuous cowlick or point in the centre of the forehead, fullness of back head, volume of bone in the supra-orbital ridge, *i. e.*, prominence of the eye-brows, not the brow lashes. When the forehead is perpendicular a slight recess will be seen over the brows, or as some express it, there are horns just starting from the forehead. In infants, this temperament is known by their much smaller heads, and by their great activity.

The *encephalic* and *vital* temperaments are *primary*, since the mind (will) operates immediately through the two brains.

The trunk and limbs, the instruments of physical power, are the executors of the will. They are operated by the will through the brain and nerves, therefore they are secondary.

The executive force lies in the muscles, supported by a framework of bones; then the muscles will constitute the fleshy, or *sarcial*, and the bones the *osteal* temperaments.

The indicators of the muscular, or sarcial temperament, are, comparatively large face, from the sight of the eye downwards, and fine soft hair.

The osteal, or bony temperament, is indicated by the fullness of the back head, and harsh coarse hair, and bones with large joints. These two temperaments may be known by the hair only.

In our first lecture, we told you that, in the Heavenly marriage, the two spirits are so united as to form but one person, every part of the one being enclosed within the corresponding part of the other, even to the very hairs of their heads. In the separation of a couple so united, the hairs of the one would be withdrawn from the inside of those of the other. The larger hair would either have a calibre throughout its whole length, or else it must shrink or collapse.

Microscopic investigation demonstrates that the hair of the osteal temperament has the cortical, or outer covering much thicker than the hair of the sarcial temperament, as though condensed by external pressure. It also shows the hair of this temperament to be collapsed on one side, and sometimes on both. The flat surfaces of the collapsed hair form a reflector—almost a mirror.

In some cases the reflections of light from an unoiled head of such hair, may be seen across the room, plain enough to distinguish the temperament.

The comparative size of the hair means nothing, so far as temperament is concerned. The peculiarities of structure are the same, even in infancy, and we believe infants of this, the osteal temperament, are born with enough hair grown for a sample. The comparative thickness of the cortical to the medulla or pith, or absence of the orifice, is the diagnostic.

The hair of the sarcial temperament is softer on account of its thin cortex, and its pith presents no orifice under the microscope—it stays in place when brushed, and breaks easily. So easily, that middle-aged ladies of this temperament may be known by the very small twist or knot their tresses make when done up.

The color of the hair, complexion, or eyes, has no influence

at all on temperament in any case. It is a distinctive of generic type.

APPLICATION.—If there were only two cases of predominant temperament in the human constitution, and only one genus and form of skull, the parties to all marriages would be either perfectly compatible, *i. e.*, well-matched, or perfectly incompatible. In this case all the offspring would be of the best constitution, for the incompatible marriages would be entirely childless, just as they always are.

But since there are four temperament phases, each will be capable of being perfectly matched, half-matched, or mismatched.

There are three styles of cranium, the square, the half square, commonly called oval, and the round.

These divisions with those of the temperaments, make twelve phases of compatibility.

In order to bring out the causes of juvenile mortality, and show how the best constitution may be conferred on every soul born, it will be necessary to discuss the difference of generic type, and its three divisions; because every constitution is impaired and disabled just in proportion to the amount of mixture of genera and species contained therein. The tendency to mixture is greatest in the masculine gender; so we see many families with daughters only, the sons having all died in early infancy.

In N. Y. city, according to the census of 1860, 270 more children died than were born during the preceding year (*N. Y. Ledger*). Wherever wealth, easy or honorable positions in society are the chief ends sought by marriage, juvenile mortality is the rule, and good constitutions and health are pretty certain signs of intolerable vulgarity.

There is no constitution, however good, and no amount of health that will or can, ever bring offspring to a couple whose temperaments are incompatible, and their craniums mismatched.

Good constitutions and good health, are two entirely independent matters. There are several kinds of maladies that are found preying upon and partially disabling a splendid

constitution through a long life. The complaints of the parents are not necessarily hereditary. Yet the ova or germs of the animalculæ in swine's flesh, generally pass from mother to child, or we would not see infants that never tasted that filthy meat, suffering from complaints of a dozen kinds, caused solely by said animalculæ.

There are four, some say five races of the human family on the globe, distinguished from each other by the structure and color of the hair, color of the skin, comparative form of the skull and bones. These grand divisions are divided into what we call Generic Types. By the mixture of generic type and different form of cranium, and by the union of incompatible temperaments, we have all degrees of vital tenacity, or longevity, from more than a hundred years downwards.

Marriage between parties of different generic source, or race, is called miscegenation. Several writers have recommended it as a means of improving the stock. Mr. H. Dexter has put out a pamphlet entitled "Miscegenation," recommending the mixture of the people of the North with the colored people of the Southern States.

Miscegenation always results in no-nation, or a speedy extinction; the history of past times affords several instances; and the Egyptians, whom Mr. Dexter cites as proof that miscegens or mules, bred between two nations or races, are more capable in body and mind than either branch of the parent stock, are also an instance of a nation that became no-nation, besides having become almost extinct by their miscegenation with different races or nations.

The delusion that crossing improves the stock, is by no means local, or peculiar to this time. David the Psalmist saw the same appearances that deceive unscientific observers at all times and in all places. In the 73d Psalm, 3d verse, David says, "So I was jealous at the branching off of couples, when the prosperity, or health of the mixed offspring of both sexes I saw." In the 15th verse, Jehovah replied to his thoughts, "If I do put them forth, I will number them as they flow on, Behold the generation of their sons I have *bogad* (בוגד)

Bogad denotes, to appear to be different, an improved sort, and to either revert to the predominating variety of the parent stock or become sterile.

A clear definition of this word involves the whole subject of crossing, both in fauna and flora.

That plants are governed by the same law, is plain from Moses. Levit., chap. 19, verse 19, which we translate in illustration of the Hebrew word "*bogad*."

HOLDEN'S TRANSLATION.

BIBLE TRANSLATION.

Each of my statutes ye shall keep.

"Ye shall keep my statutes.

Thy cattle shall not procreate with a separate kind from those in thy fields.

Thou shalt not let thy cattle gender with a diverse kind: thou shalt not sow thy field with mingled

Ye shall not sow seed of two separate kinds, and (בגד) *bogad* gain by that trick.

seed: neither shall a garment mingled of linen come upon thee."

Two separate kinds of fibre woven shot and warp shall not come over you.

The word *bogad* in the Syro-Arabic languages signifies all that happens on mixing two kinds of seed, causing them to flourish one year, and the next almost fail and return to the original stock.

The operation of the same law is seen in the animal kingdom. It is a fact well known to naturalists and stock-breeders that animals of similar genus will breed together, as in the case of the horse with the ass, or with any of their congeners, but their hybrids or mules do not breed again, at least not with each other.

The same principle applies to the human species. Persons of different generic-type and opposite in temperament may and do become parents, but their hybrid offspring either revert to one or the other of the generic-type of the parent stock, or else dwindle out.

This may seem a bold assertion, but it is ably backed, as may be seen in the word of Jehovah, by his prophet Isaiah, 5th Chap. 8th and 9th verses. We translate from the Hebrew.

HOLDEN.

Woe to them that mingle family with family, and join estate to estate, that they may be combined until there is no more a place that ye may settle on your own land, in the camp of the land.

It is in the ears of Jehovah. There shall be separate family clans, if not, families that are prolific shall be laid waste, and that were great (or good) and prosperous that shall be without an inhabitant.

BIBLE.

"Wo unto them that join house to house, that lay field to field till there be no place, that they may be placed alone in the midst of the earth.

In mine ears, said the Lord of hosts, of a truth shall many houses be desolate, even great and fair without inhabitant."

According to Moses, the sons of Israel must go forth to war by their tribes and families, each by itself, so that Jehovah got the title of Zebaoth, separator-of-families, usually translated "of armies," because armies are by mustering separated out from their respective families.

The establishment of a mixed people as a distinct race, has failed everywhere and always. The reverting principle pervades the whole thing. The case of Da Souza's descendants will illustrate this and other points. It is taken from "the Journal de Medicine Mental," a French publication.

"In 1849 there died at Wida in the Kingdom of Dahomy, a Portuguese trader, named Da Souza, well known to all traders who have visited the Western coast of Africa. He was an important personage in the country, which he had inhabited for many years, and had made an immense fortune by trading with the negroes. On his death he left behind him a number of children, the issue of 400 women kept in his harem.

"The political policy of the Kings of Dahomy being hostile to the establishment of a mixed race, the numerous progeny of Da Souza were shut up in an inclosure by themselves, under the government of one of the sons. Here subject to the surveillance of the agents of the King, the most despotic of all monarchs of the earth, these people of mixed blood could unite in marriage only among themselves. In June, 1863, they counted children of the third generation. The color of their skins was returning rapidly to a deep

black, though all of them preserved some traits of their European ancestor. Among all the descendants of Da Souza, we are able to state from personal observation, that these people, forming amongst themselves unions of the closest relationship, and the most monstrous—there are neither *deaf-mutes*, nor *blind*, nor *idiots*, nor *feeble* or *deformed persons from birth*. Nature seems to revenge herself here in another way—this human herd is decreasing and is menaced with early extinction.”

Take notice, that neither deaf-mutes, nor blind, nor idiots, nor feeble or deformed from birth, have obtained among the Da Souza descendants, because it has an important bearing on the hypothesis that cousin-german marriages entail these misfortunes.

There is a gradual reversion in cases where the generic difference is far less than a difference of race. The case of my elder and only brother will serve to illustrate. My father has light brown hair and gray eyes. My mother had dark auburn, almost black hair and eyes. Their first child had black eyes at birth—at 10 he had light brown hair and dark brown eyes—at 20 there was a little gray on the lower margin of his eyes—at 30 the lower halves of his eyes were gray—at 45 they were entirely gray.

There is sometimes a peculiar mixture of the hair of the two races in the same head—one always being largely predominant.

In such cases there is always a warfare between the two, until that in force roots out the other. This sort of hair in minority is seen gradually falling out as age advances, sometimes until the whole is gone.

Every family type has or may have three grand divisions, distinguished from each other by the square, square and round, commonly called the oval, and the round cranium.

In the formation of alliances, one of the same generic type is by all means to be preferred, and one of the same conformation of cranium if possible.

If the proposing parties are first-cousins german, and have the same form of skull, nothing more is necessary, than

to see that one has a full and large forehead, while the other has a somewhat smaller one, partially overgrown with hair, and the other coarse, hard locks, glossy if unoiled.

It must be borne in mind that, generic type and temperament being the same, women have the coarsest hair.

When the proposing parties are strangers in the Holy Scripture sense of the term, *i. e.*, are of different generic vein, the temperament must by all means be opposite, and the conformation of the cranium the same if possible. Similarity of color in the hair, eyes, and complexion, are always desirable.

When the foregoing hints are well followed, juvenile mortality will (barring accidents) entirely cease. The iron constitution will become universal, and the practice of medicine obsolete.

Physiological (and physical) incompatibility ought to be a sufficient ground for divorce.

Ezra the Priest superinduced many of the wealthiest Jews to put away their wives, even though they had children by them, for no other reason than *generic* difference (Ezra, ix. 10.)

There is a tradition that the progeny of cousins-german are very apt to be in some way or other abnormally constituted; either deaf-mutes, born blind, imbecile, or idiotic.

A majority in the Legislature of the State of Ohio, having assumed this tradition to be founded on facts, passed a law prohibiting the marriage of cousins-german of any degree. This act was in exact contrariety to the law of Jehovah by the hand of Moses on the same point.

At the time the said law was enacted, there were in the State Asylum, for the care of such unfortunate individuals, 741 inmates, of whom just 15 were the issue of cousins-german.

Doubtless the Legislature meant to emulate the Good Shepherd by leaving the ninety-and-eight per cent., and groping, they knew not where, in search of the two per cent.

The laws of Switzerland are, or were, alike impious and

illiberal. The moral tendency of the Scripture law of marriage is a most important consideration.

A French statistician, who examined ninety-one pairs of married cousins in the salt-making town of Baltz, France, says, "he found no feeble, deformed, deaf-mutes, or in any way imperfect children. They are very intellectual, almost all the adults being able to read. Morality is of the highest stamp, prostitution being unknown; theft and murder have not occurred in the recollection of the oldest inhabitant. (U. S. Office report, *N. Y. Scientific American*, Dec. 16, 1865.)

Extracts from Letters to Dr. Wood.

May 9, 1868.—A temperament must either be predominant or subordinate. There is no half way to it. You speak of some one having 2 of one temperament, and 3 of another; 2 sang., 3 bil., &c.

So long as you think a temperament may exist in different degrees of intensity, graduated off as 1, 2, 3, &c., you cannot make much progress in this science.

May 24.—A temperament must be either predominant or subordinate, just as a current of electricity must be either positive or negative. There are no intermediate degrees.

The Bile.*

BY J. M. F. BROWNE, A. M., M. D.,

Professor of Physiology and Pathology in the Eclectic Medical College of New York.

BILE, as obtained from the gall-bladder, is a somewhat viscid fluid which varies in color according to its composition, its degree of concentration, and the species of animal from which it is taken. If much diluted, its color is yellowish; if concentrated, it is dark green or olive. "Human bile is of a dark golden brown color, ox³bile of a greenish yellow, pig's bile of a nearly clear yellow, and dog's bile of a deep brown."

* A paper read before the Eclectic Medical Society of New York. on Wednesday, 16th December, 1868.

Bile has a bitter, nauseous taste, which, as Budd remarks, "leaves behind it a smack of sweetness."

Its odor is peculiar, in some instances resembling the odor of musk, but usually, that of melted lard. Healthy human bile, however, when fresh and unmixed with intestinal gases, has scarcely any perceptible smell.

Bile has an unctuous, soapy feel, and in some of its physical properties it is analogous to soap: for instance, it combines readily with water in any proportion; mixes freely with oil or fat; removes grease spots and cleanses articles of clothing; and froths up into a lather or foam when agitated in a test-tube, or when air is forced into it through a blow-pipe.

Bile is heavier than water, but its density, like its color, varies according to its composition and degree of concentration. Hog's bile has a specific gravity of 1030 to 1036; ox-bile, 1024; human bile 1018.

Bile has been generally supposed to have an alkaline reaction, but the experiments of Bouisson and Kemp, and of later observers, tend to show that when perfectly healthy and fresh, it is neutral.

As usually obtained for examination, it contains, on an average, 14 per cent. of solid constituents; and of these, 90 per cent. are organic matter, and 10 per cent. mineral substances.

The organic matters are, 1. the *Pigment*; 2. *Cholesterine*; and these, with fat and fat acids, form 27 to 30 per cent. of the solid residue.

1. *The Pigment*.—This is a nitrogenized uncrystallizable substance, and yields to ultimate analysis a small quantity of iron. Nothing positive is known as to its origin, some histologists regarding it as an elaboration of the liver, others supposing that it pre-exists in the blood. It is of different colors, and to each color is given a different name; *biliverdin* is the green pigment, *biliphaein* the brown, and *bilifulvin* the yellow.

2. *Cholesterine*.—This is a crystallizable, non-nitrogenized inflammable substance, insoluble in water, but soluble in al-

cohol or ether. It crystallizes in thin, colorless, transparent rhombic tablets. It is normally dissolved in the bile, but it is found in blood, brain, nerves, fæces, cerumen, and crystalline lens. It occurs in encysted tumors, in carcinomatous growths, in cretaceous tubercles, and in dropsical transudations. It is found also in notable quantity in the tissue of the spleen. Cholesterine is not formed in the liver, but results from the disassimilation of tissue, and particularly of nerve-tissue and the substance of the brain, from both of which it may be extracted in considerable quantity by the action of alcohol. Cholesterine is the substance of which the concretions known as gall-stones, are almost entirely composed.

The mineral constituents of bile are, *chloride of sodium, phosphate of soda, carbonate of soda, phosphate of lime, phosphate of magnesia, carbonate of potassa*, and traces of *iron and magnesium*. But the most important ingredients of bile are two saline substances, known respectively as the *glyko-cholate* and *tauro-cholate* of soda. These salts, which were discovered by Strecker in 1848, exist, properly speaking, only in the bile of the ox. But in the bile of all animals there are substances which, though not precisely identical with these, are similar to them, in being soluble in water and absolute alcohol, but insoluble in ether, and in giving the same peculiar reaction with Pettenkofer's test.

The glyko-cholate of soda is a crystallizable non-sulphurous substance, its crystals being fine white silky needles, which radiate from a point and arrange themselves in sheaves or bundles.

The tauro-cholate of soda is a non-crystallizable sulphurous substance. It is a very abundant ingredient of bile, and has the property, when itself in solution in water, of dissolving a certain quantity of fat.

These two substances differ in their reactions with the salts of lead, and by this difference of reaction, they may be distinguished from each other. Both are precipitable by the subacetate of lead; but only one of them (the glyko-cholate), by the acetate.

These salts are probably formed in the liver, as they have not been found in the blood, nor in any other part of the body in healthy animals.

But in addition to the organic and mineral substances mentioned, bile contains *mucus* derived from the gall-bladder and ducts. To this ingredient it owes its viscidty and its capability of being drawn into threads. The quantity of mucus, like that of water, varies in different specimens. In ox bile, as analyzed by Berzelius, it amounted to 3 parts in 1,000. It may be obtained by adding to bile a sufficient quantity of alcohol, which precipitates the mucus in flakes; or it may be precipitated by acetic acid.

Test for bile.—The best test that has yet been proposed for the detection of biliary substances, is that of Pettenkofer; it is thus appli

A little cane sugar, or a few drops of simple syrup are mixed in a test-tube or porcelain capsule, with the fluid in which the bile is suspected; concentrated sulphuric acid is then gradually added until the mixture assumes a somewhat syrupy consistency, and an opalescent look. If bile be present, a red color soon appears at the bottom of the vessel; and diffuses itself through the mixture, until the whole exhibits an intense and beautiful purple or violet color.

This, as before stated, is the best bile-test that has yet been proposed; but, though in many cases eminently useful, it is far from being as perfect as could be desired. A better test is still a desideratum.

The bile constantly secreted.—The bile, like the urine, is a constant secretion. In a state of health, its formation suffers neither interruption nor suspension, and it continues, to a certain degree at least, long after the animal has been deprived of food. It is more active, however, during the solution of food in the stomach, and its flow into the intestine is greatest immediately after a hearty meal.

Quantity of bile.—The quantity of bile secreted every twenty-four hours varies widely, no doubt, in different persons, and even in the same person under different circumstances. Activity of respiration, amount of perspiration,

quantity and quality of the food, have, doubtless a modifying influence on the quantity secreted. Although many attempts had previously been made to estimate the amount, we had no reliable information on the subject until 1852, when the experiments of Bidder and Schmidt were published. The observations of these gentlemen were carefully made, and the results they obtained are probably not far from correct. They experimented on cats, dogs, sheep and rabbits. Having opened the abdomen, they ligated the common biliary duct, and thus excluded the bile from the bowels. They then established a permanent opening into the fundus of the gall-bladder, by which the contents of that reservoir were emptied externally. The bile thus discharged, was received in vessels which had been previously weighed, and its quantity was in this way accurately calculated. By careful observations, they found that there is a larger secretion of bile in herbivorous animals than in carnivorous, and that for every pound weight of the entire body, there is secreted in 24 hours :

	<i>Fresh Bile.</i>	<i>Dry Residue.</i>
In the cat	102 grains	5.712 grains.
“ “ dog	140 “	6.916 “
“ “ sheep	178 “	9.408 “
“ “ rabbit	958 “	17.290 “

And from the fact that the digestive processes and the nutritive actions in man generally resemble those of the carnivora, rather than those of the herbivora, they inferred that the quantity of bile secreted daily by a man in health must be nearly the same as in carnivorous animals. And from these data, and by applying to the human subject the average result obtained by the experiments on the cat and dog, they estimated that an adult man weighing 140 pounds, secretes not less than 40 ounces every 24 hours. The estimate of Todd and Bowman, it may be mentioned, is 54 ounces every 24 hours.

Origin of the bile.—The bile has been supposed to be derived from two sources, viz. : the systemic venous blood, and materials absorbed from the digestive apparatus. That it is

derived, almost exclusively, from the former, seems clear from the following facts : 1st. In protracted abstinence, when the digestive organs are inactive, the bile continues to be secreted, and often in large quantities. 2d. In the winter sleep of hybernating animals, when digestion is suspended, the action of the liver continues, and the biliary secretion is poured into the intestine. 3d. During foetal life, in which there can be no true digestion, the liver is active, and its secretion is emptied into the intestinal canal. This secretion, which is called the *meconium*, is true bile, as its analysis proves. Now in the instances we have mentioned, no materials are absorbed from the digestive cavities, and there is therefore no source, save the systemic venous blood, from which the bile can be elaborated. But physiologists are not agreed as to where the proximate principles of the bile are formed. Some contend that they are produced in the liver, others that they are merely separated by that organ from the blood. The latter opinion is the one now generally received. The biliary principles, with one or two exceptions, perhaps, pre-exist in the blood, and are derived from the waste of the body. They are the products of the disintegration of the tissues, and of the metamorphosis of the "blood-discs in their downward career." They are carried by the blood to the liver, and there by the action of cells are elaborated into bile.

Destination of the bile.—What becomes of it in its passage through the intestine? On this point there is a difference of opinion; some physiologists maintaining that the bile is mainly excrementitious and is discharged from the bowels; others, that it is in great part recrementitious and is absorbed in the intestine. Those that adopt the first view are fortified in their opinion by several considerations.

1st. The digestion of the various elements of food is apparently provided for by the other secretions without the aid of the bile; for instance, oleaginous substances are digested by the pancreatic fluid; albuminoid substances by the gastric fluid, and amylaceous substances by the mixed intestinal fluids. Moreover, it has been ascertained by repeated ex-

periments that bile mixed with the substances just mentioned exerts no special action upon them; and the inference is, that it takes no part in their digestion.

2d. The bile, unlike all other secretions, is produced from venous blood, which has become contaminated by the debris of the tissues, and by all manner of effete ingredients.

3d. When the secretion of bile is suppressed, symptoms of poisoning of the nervous system immediately show themselves; the powers of the system are lowered; the patient becomes jaundiced and finally comatose, and death supervenes at the end of 10 or 12 days.

The first of these considerations, it will be perceived, tends to show that bile is unnecessary to the digestive process, and the two last, that it is poisonous to the system; and the three combined would induce the belief that it is merely an excrementitious fluid, intended to perform no particular function, digestive or other, and destined, like the urine, to be eliminated from the blood and discharged from the body.

This view, though plausible, can not be correct. If the bile were merely excrementitious and took no part in digestion, then, provided its removal from the body could be otherwise secured, it might be excluded from the intestine without injury to the animal. Experiment proves, however, that it is necessary not only that the bile should be secreted and discharged, but also that it be poured into the intestine and that it accompany the chyme through the alimentary canal. On this point the observations of Bidder and Schmidt are conclusive. They experimented on dogs, ligating the common biliary duct and making an artificial opening for the passage outwards of the bile. The result showed that its exclusion from the intestine proved fatal to the animal. For although, after the experiment, the appetite of the animals continued good, and their digestion did not seem to be materially interfered with, yet there was a marked decline of vivacity and strength. There was constant and rapidly progressive emaciation, and every trace of fat disappeared from the body. There were borborygmie rumblings and an abundant discharge of flatus. The hair fell off; the fæces

emitted a putrescent odor, and the breath was insufferably fetid; and, finally, during a period, vibrating between 25 and 40 days, the animals died, apparently without pain, as if by inanition, or a gradual decline of the vital powers.

But the experiments of Bidder and Schmidt show further that, under ordinary circumstances, the amount of bile discharged by the bowels is but a small proportion of the whole amount secreted; and the inference is, that it is in large part recrementitious, and that it suffers reabsorption in its passage through the intestine. Taking the sulphur of the bile and experimenting with it, these physiologists found that the quantity of that substance in the fæces was only about $\frac{1}{15}$ of the quantity in the bile as it enters the duodenum.

“These observers,” says Dalton, “collected and analyzed all the fæces passed during five days, by a healthy dog, weighing 17.7 pounds. The entire faecal mass during this period weighed 1508.15 grains :

Containing	}	water.....	874.20 grains.
		solid residue.....	633.95 “

The solid residue was composed as follows :

Neutral fat, soluble in ether.....	43.710 grains.
Fat with traces of biliary matter....	77.035
Alcohol extract with biliary matter	58.900 containing 1.085 grs. sulphur.
Substances not of a biliary nature extracted by muriatic acid and hot alcohol.....	148.800 containing 1.302 grs. sulphur.
	<hr/> 2.387
Fatty acids with oxide of iron.....	98.425
Residue consisting of hair, sand, &c.,	207.080
	<hr/> 633.950

“Now as it has already been shown that the dog secretes, during 24 hours, 6.916 grains of solid biliary matter for every pound weight of the whole body, the entire quantity of biliary matter secreted in five days by the above animal, weighing 17.7 pounds, must have been 612.5 grains, or nearly as much as the whole weight of the dried fæces. But furthermore, the natural proportion of sulphur in dog’s bile

(derived from the uncrystallizable biliary matter), is six per cent. of the dry residue. The 612.5 grains of dry bile, secreted during five days, contained, therefore, 36.75 grains of sulphur. But the entire quantity of sulphur, existing in any form in the fæces, was 5.952 grains; and of this only 2.387 grains were derived from substances which could have been the products of biliary matters—the remainder being derived from the hairs which are always contained in abundance in the fæces of the dog. That is, not more than $\frac{1}{15}$ of the sulphur, originally present in the bile, could be detected in the fæces. As sulphur is a simple chemical element, not decomposable by any known means, it must, accordingly, have been reabsorbed from the intestine.”

Functions of the bile.—It was formerly supposed that the bile was quite as essential in the digestive process as the gastric fluid itself; it was thought, indeed, that the latter commenced that process and the former completed it. That the bile has an important relation to digestion admits not of doubt; but what that relation is, and what especial offices it serves, are questions most difficult to answer. Nor are they likely to receive a satisfactory solution until the spiritual eye is opened, and the interior as well as the exterior of man is thus brought to our view. When we shall be able to see the thoughts as they arise in each other's minds, and the electric currents, freighted with health or reeking with disease, that come to and go from our bodies, then, and not till then, shall we fully understand these and other questions that now puzzle the physiologist and call forth so much speculation and discussion.

The bile, as we have seen, is both excrementitious and recrementitious, that is to say, part of it is excreted and part of it reabsorbed. It is, therefore, both active and passive, so to speak—active as regards the influence it exerts on the chyme, and passive as regards the influence exerted on itself by the other intestinal fluids.

We have seen that the exclusion of the bile from the intestine is followed by fetor of breath and putrescence of odor in the fæcal discharges—results that follow the putre-

faction of the intestinal contents. Hence we infer that the bile is the great antiseptic of the intestinal canal, and that one of its functions is *to prevent the putrefactive decomposition of the chyme in its passage through that canal.*

It has been proved by experiment that exclusion of the bile from the duodenum is soon followed by loss of fat in the animal and by thinness and serosity of the chyle in the thoracic duct—results that flow from the imperfect emulsifying of the oleaginous elements of the food. Hence we infer that another function of the bile is *to aid the pancreatic fluid in emulsifying fat, and to promote the absorption of fat from the intestine.*

“Eberle observed that in animals which he had made the subject of experiment, and especially in such as had fasted some time before death, the mucus of the intestine was much more abundant as far as bile had reached, than below this point.” Hence another function of the bile seems to be *to stimulate the mucous membrane of the intestine to secrete a proper supply of mucus.*

Another, and one of the most important of its functions is *to stimulate the coats of the intestine so as to increase the peristaltic motion of the bowels and thus secure an alvine evacuation every day.* Bile is the natural purgative: poured into the intestine in *normal* quantity it merely prevents constipation; in *abnormal* quantity it causes diarrhœa.

52 Bond st., New York.

Lunatic Asylums—Who are sent there?

BY ROBERT S. NEWTON, M. D.,

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MANY facts which have been brought to light within the last few months have shown conclusively that there have been systematic attempts to send persons to these institutions solely because they had rendered themselves obnoxious to others, or because they possessed property which pretended friends wished to get hold of.

Many such cases have come under our personal observation, and we have no hesitation in expressing the conviction that to day, hundreds of helpless persons are dragging out wretched existences in Lunatic Asylums who have been unjustly deprived of their liberty.

A few years since a Mr. Smith, of Cincinnati, was pronounced by interested physicians and a packed jury to be insane, and ordered to be confined in a lunatic asylum. Nearly two years elapsed before he was able to communicate with his friends, expose the fraud, and recover his liberty. He again assumed the control of his very large estate, which his pretended friends wished to get possession of.

A Mr. Walker, of Cincinnati, was a few years since declared to be a lunatic by some designing persons. We were present at his examination, and gave our testimony that he was not insane, for which the Probate Judge threatened us with the penalty of contempt of court for having presumed to give an opinion contrary to that of the *physicians whom the court had selected to make out the insanity*. If Mr. W. is still living and confined in the asylum, and his mind has not become deranged from the inhuman treatment to which he was subjected, he should be set at liberty and allowed to enjoy the management of his own property.

The two recent cases in Philadelphia where parties had been kidnapped and confined in a private lunatic asylum, the notorious New Jersey case, and the still more recent one of Commodore Meade of this city, are of such a character as to well cause alarm, and urgently call for prompt and efficient measures to remedy such a terrible condition of things.

In the case of Com. Meade, it was many weeks before his demands for release could be got fairly before the courts of justice, as members of his own family and other designing persons prevented the disclosure of the real facts of the case, and it was only after the most positive order of the court, and the special appointment of a physician to visit the Commodore in the Bloomingdale Asylum, that he could be brought to the light of day. The following is the opinion

and order of the court, copied from the *Tribune*, 9th Dec., 1868 :

“Commodore Meade was discharged by Judge Sutherland yesterday, on the ground that whether or not the degree of excitement and displeasure felt by him at the opposition of his wife and the disobedience of his children had at first wrought him up to a condition of mere frenzy or of actual lunacy, the boundary between which is very indefinite, in either case the Judge was satisfied, by the testimony of the physicians and by his own interview in court with Commodore Meade, that the mental condition of the latter has improved and is not now lunacy. Judge Sutherland held that it would not do to regard ‘uncontrolled or uncontrollable passion as lunacy.’ Some degree of passion, or even frenzy, was natural where the members of a family acted in contempt of the authority and wishes of the husband and father. Commodore Meade seems to be a victim of the new commandment, ‘Parents honor your children, lest they send you to a lunatic asylum,’ and ‘Husbands obey your wives, lest they confiscate your property,’ which has superseded the former doctrine.”

In all the cases referred to, medical men were found who gave opinions as to the mental condition of the victims which could not be sustained by evidence on a legal investigation, and the courts in each case set the parties at liberty.

There is no more reason why a man's liberty should, under the naked charge of insanity, be taken from him upon the statement of one or two physicians who may never have heard of the individual, except from the testimony of some designing person, than that he should be sent to a State prison on the testimony of one or two men without a trial by a jury. Every person charged with lunacy should be fairly tried by a jury, with every fact and circumstance fully explained. The opinion of a medical man is worth no more than that of any other person, without a knowledge of all the facts connected with the individual case, and then he can judge only from such evidence as may be produced before a proper court of inquiry.

We hope the several State legislatures will at once adopt such laws as will prevent so many sane persons from being incarcerated in lunatic asylums. The surest method to remedy this great evil is to disarm the keepers of these institutions of their most effectual protection—secrecy.

They should appoint a commission whose duty it shall be to fully investigate the case of every inmate of the several State asylums, as well as private institutions.

Nothing less than this should satisfy the demands of the public, or can protect innocent and helpless persons from being victimized by pretended friends.

We have often visited these institutions, and returned with the firm conviction that many were there confined who were not really insane, and should be allowed to return to their homes and friends. Many persons with slight mental derangement, who would soon recover with proper care and attention, become hopelessly insane after being exposed to influences inseparable from an insane asylum. For it would require a mind of more than ordinary strength to preserve its balance when shut out from the world, friends, and former associations, with little hope of being removed; while to every appeal for help or release is the invariable reply by the attending persons, "Pay no attention; he or she, as the case may be, is *crazy, and always talks in that way.*" We appeal to our legislature for a reform in this particular.

Cases in Surgical Practice.

BY EDWIN FREEMAN, M. D.,

Prof. of the Eclectic Medical College of the City of New York.

Ranula.—Mr. S—— came to me in August, 1868, with a very sorrowful countenance, saying that he thought he had a cancer in his mouth. He had been to a number of doctors who could not tell him what it was, and consequently could not cure him. On opening his mouth, I discovered that the cause of his trouble was a large ranula, which pushed up the right side of the floor of the mouth, elevating the

tongue to the roof of the mouth, so as to almost completely prevent articulation, or even the taking of any but liquid food, from inability to masticate the more solid. It made also quite an appearance below the jaw in the region of the submaxillary gland. The side of it within the mouth was ulcerated, from pressure against the molar teeth. According to Mr. Liston, Ranula may result from obstruction in the duct of Wharton (of the submaxillary gland), or at its opening into the mouth. The accumulation of the secretion may produce a distension of the duct into a cystic tumor, which might extend down into the gland, or it might be a cyst, large or small, developed independent of the duct, containing a viscid fluid. Enlarging, it burrows among the tissues of the floor of the mouth towards the base of the tongue. I gave him chloroform, and opened the sac by an incision extending from the anterior to the posterior extremity, puncturing with a bistoury, and cutting from within outwards. A thick gelatinous-looking fluid escaped, which I supposed contained a large proportion of albumen. I then swabbed the sac out with the liquified carbolic acid. The second day after I injected with a strong solution of sulphate of zinc, and repeated it every other day. I enjoined him to come and see me to have it attended to until it got well, for fear of a failure, but he became so much better that he thought he was well and ceased coming. After about three weeks he returned, with his mouth as bad as ever. He promised this time to attend faithfully until well, even if the treatment should be severe. I accordingly slit it open again. The next day and each succeeding day I swabbed it out with a caustic solution of chloride of zinc and sulphate of zinc, keeping the incision well open. It gradually contracted and healed from the bottom, leaving at last but a slight groove, when I dismissed him cured. It failed at first because he allowed the incision to close up before the sac had become destroyed, and the cavity filled up from the bottom.

Fibrous tumor of the face.—Mrs. B.—, a widow of about 35 years of age, had a tumor in her cheek on the right side, which produced quite a deformity, especially at certain

times. It was situated just at the anterior border of the masseter muscle, and its upper part rested against the lower border of the malar bone. It was about an inch and a half in diameter transversely. Sometimes the cheek was very much deformed by its swelling, and then the swelling would subside. This was increasing to that degree, that it was thought best to take it out, notwithstanding its certain proximity to the parotid duct (duct of Steno). She was afflicted at first with neuralgia of the head, beginning with the facial nerve, and at last extending to different parts of the body, affecting especially the stomach and heart. She had just fairly recovered from a severe attack of the latter and regained her strength, when I operated. I administered chloroform, but she was with difficulty completely anæsthetized, on account of our being obliged to suspend it from the pain in the side, which it seemed to reproduce. I made a semilunar incision, an inch and a half in length, along the lower border of the tumor, in the general direction of the parotid duct, so as not to cut it if possible. The extraction was performed without much trouble, and with but slight hemorrhage. The operation was complicated, however, by a portion of the duct being surrounded by the edge of the tumor. It was necessary to cut the duct or leave a part of the tumor, and I immediately resolved on the former, and trust to care to avoid a salivary fistula. I cut the duct off, and took out the tumor entire. I then made a free incision into the mouth, through the buccinator muscle and mucous membrane of the cheek, at the anterior part of the cavity thus made, and closed up the external wound with two twisted and three fine interrupted sutures. I placed a piece of adhesive plaster directly over the wound, and others across in various directions for support, thus perfectly sealing up the wound. After applying a compress with slight pressure, I left it with the counter opening in the cheek, into the mouth, for the passage of saliva, &c. On the third day I withdrew the pins without disturbing the threads or sutures, and on the fourth, they were removed to prevent scarring from their ulceration. It had united kindly, by first intention, leaving a very slight scar.

It was still well supported by adhesive straps, as there was evidently something in the cavity left by the tumor—an accumulation probably of saliva which could not escape into the mouth, as the opening made by the bistoury had contracted. I passed in the probe daily through the mouth, and endeavored to dilate it; also passed in the bistoury and enlarged it, but it was only temporary, and the accumulation became daily greater, stretching the new cicatrix somewhat, especially at its anterior extremity. I kept it well supported, but it at last opened externally in the night by a small opening, and discharged a large quantity of fluid. I afterwards pressed it all out and strapped it well, excepting at the opening, and applied a firm compress. I kept the opening free, and syringed the cavity once or twice with a solution of sesqui carb. of potassa, but there was no more accumulation. I pressed out a few drops daily, and then the discharge ceased altogether, and it closed up so well that the cicatrix was hardly noticed. The parotid gland evidently ceased to secrete, either from the distension by the accumulation forcing the fluid back through the trunk of the tube and branches, and destroying the integrity of the lobules and cells, or from the severing of the duct, which destroyed the sympathetic sensation normally communicated from the orifice of the tube to the gland structure, causing secretion. It was a complete cure, and there was no salivary fistula. I presume that the swelling of the face which seemed to be that of the tumor, previous to the operation, was from the obstruction caused by the tumor to the passage of the saliva through the duct. The tumor was also firmly attached to the fibrous external surface of the masseter muscle, and to the periosteum of the malar bone. There was some deformity of the mouth, at first, after the operation, from loss of muscular power from severing of branches of the facial nerve, but that was in time all completely corrected. I think it safest to remove tumors of that kind (fibrous, fibrinous, or other non-malignant tumors), as well as the malignant, in the early stage of growth, the latter always, if possible, for it is then possible to prevent contamination of the system; the former because it is not al-

ways possible to diagnose that they are not malignant, and when they grow rapidly they soon produce deformity. Indeed the Paris Academy of Medicine, at its sitting on January 16th, 1844, listened to the reading of a paper by M. Cruveilhier, on the possibility of fibrous tumors, especially of the breast, degenerating into malignant tumors. A long discussion ensued, participated in by M. Cruveilhier, M. Velpeau, M. Blandin, M. Moreau, M. Reaux, M. Lisfranc, M. Castel, M. Andral, and other distinguished lights of medical science. There was a wide difference of opinion, some contending that one could not run into the other, and others stoutly opposing that view. It transpired that it was the practice of the most of them to remove them, and not run the risk of leaving them.

New York, No. 29 Amity Street.

Baptisia and its Preparations.

BY N. F. TABER, M. D.

THE wild Indigo, or *Baptisia Tinctora*, has assumed an importance both with Eclectic and Homœopathic physicians which justifies inquiry whether this confidence is well placed. Its remedial properties, however, we apprehend, have not been defined with sufficient accuracy.

A well-informed homœopathic physician—professor of *Materia Medica* in one of the Colleges in this city—accords great merit to the preparations of *Baptisia*, administered both internally and externally, for almost any kind of sores and ulcers—especially those of a putrescent tendency, or where there were discharges from any of the mucous surfaces of a fetid or acrid and excoriating character; for gastric and other intestinal diseases, fevers, particularly those of a typhoid character; in hepatic derangement, leucorrhœa, amenorrhœa, and in almost any disease of the glandular system. Many others of the same school are as decided in their testimony on the subject.

In Professor Newton's notes on Syme's Surgery, the properties of the *Baptisia* are set forth as alterative, emetic, laxative,

stimulant, emmenagogue, tonic and antiseptic. We are informed also that Baptisia has been used with very satisfactory results in some forms of rheumatism and pneumonia, but that it is unsafe to use during the period of utero-gestation, as it is capable of producing abortion.

If this statement was strictly accurate there would be reason for apprehension that the use of this extract would become speedily more common; but our brief observation has led us to the opinion that its emmenagogue properties have been overrated. Its influence upon the glandular system, however, appears to be most happy and successful. As an antiseptic it deserves all the credit which it has received. Ulcers generally yield to it with great readiness; and its employment in combination with other remedies appears to be attended with most beneficial results. Baptisin, when combined with Macrotin, Quinia, or Podophyllin, is a sovereign remedy in fevers and all diseases of typhoid character. It is an excellent application for gangrenous and erysipelatous ulcers, for ulcerations of the cervix-uteri, for malignant sore throat, aphthous sore mouth, mercurial sores and other virulent forms of ulceration.

A decoction or tincture of Baptisia answers much the same end in most instances.

Poultices and fomentations of Baptisia are valuable in ulcers and tumors, and also in inflammations tending to gangrene; and swellings and tumors supposed to be cancerous have been treated with it successfully. Yet, whether it can often be profitably employed as the sole remedy, we very much doubt. We have tested it several times, obtaining little satisfaction when constitutional treatment was not superadded. In that conjunction, however, its utility in those respects which we have indicated is beyond question.

Doctor Perry, the Dermatologist of Bond Street, makes use of Baptisia in several of his recipes for washes to restore the health of the scalp and arrest the falling off of the hair. Its coloring matter, to a certain extent, may not be an undesirable quality where the hair is turning gray. We do not assume to speak. The experience of Tittlebat Titmouse in

respect to hair-dye may be in point. Baptisia has been used in domestic practice or empirically for many years.

A woman past middle life now living in a western county of New York, but a native of New Jersey, informed a friend of the writer that she had a cancer cured by it during her girlhood.

She used a decoction, and applied poultices externally. How long a time was required and the peculiar malignity of the affection we were unable to ascertain; but the impression that Wild Indigo would cure cancer has been very common in that part of the State.

The modern Eclectic practice has adopted the Baptisin in preference to the decoction, tincture, and other preparations of the Wild Indigo. How far this substitution is warranted we cannot undertake to say, but its convenience and efficacy in many respects are established.

During the last year a young lady came under our care suffering from an abscess then in process of formation. It had given her excessive pain for many weeks. It appeared to have its origin in the hip, and when we first saw the case a protuberance was visible on the inside of the thigh close to the body. The abscess was evidently near the stage when an incision for the escape of the pus was justifiable. After a little more softening of the parts the operation was performed, and more than a pint of greenish pus was discharged. The discharge was encouraged for a number of days; meantime especial attention was given to constitutional treatment of the patient, taking care that the diet was proper, the skin kept open and free, and the various secretions of the body maintained active and as normal as possible. Her appetite for food now became almost voracious. At this time a probe could be passed up in the direction of the hip from seven to eight inches. And as from day to day we saw this aperture was not in the least diminishing, we finally concluded that the time had come to "assist nature," and accordingly employed daily for the space of a week a solution of the Chlorate of Potassa, always following it with the tincture of Baptisia, and taking care that this latter prepara-

tion should remain as long as possible within the opening. Both remedies were introduced by means of a syringe. After the week we discontinued the Chlorate of Potassa, finding its further use too irritating, and employed only the tincture of Baptisia. We now had the satisfaction of seeing the opening grow continually smaller—more circumscribed, until, at the end of five or six weeks, the abscess was cured and the patient discharged.

Another patient had been suffering for many years from ulceration of one of the *labia majora*. She traced the origin of the affection to an attack of diphtheria. She had exhausted medical advice upon the subject without beneficial results. One physician assured her that she was liable to have her complaint run into a “menstruating abscess.” We found the parts hardened, enlarged, sensitive and extensively ulcerated, the pus escaping through numerous perforations evidently of a fistulous character.

The use of Baptisia alone appeared to be of little service. We then employed in conjunction with it a solution of Chlorate of Potassa, with no better success. Then we substituted tincture of Iodine, which seemed to alleviate the symptoms. This was mixed with the tincture of Baptisia in equal proportions and injected into the openings of the abscess. The enlargement gave way, the discharge lessened, and the soreness almost entirely disappeared. Constitutional treatment accompanied this administration. She passed from under our care much improved, but before a cure was effected.

We have frequently applied the tincture of Baptisia to ulcerated cervix-uteri with satisfactory results. We apprehend that Baptisin would have been the better preparation. Our observation of Baptisin as an internal remedy has not been considerable, or assuring, but our opinion is immature.

For chronic ulcers of the legs and erysipelatous sores it certainly may be used with advantage. It would seem as though it ought to have invaluable specific virtue for cancer. This, we apprehend, must be determined by future observation. We hope practitioners will prosecute their inquiries

still further. Of course Baptisia is no panacea or *Elixir vitæ*, but its merits are not half learned, and the search will repay a careful exploration.

New York, December, 1868.

PERISCOPE.

Treatment of Hæmoptysis by Ergot of Rye.

THERE is scarcely any complaint that gives such serious alarm to the friends of a patient as profuse hæmoptysis; and there are few occasions on which a consultation is so urgently requested, and so readily granted by the family doctor, as when a patient appears to be "bleeding to death." But every medical man of experience considers himself perfectly qualified to treat hæmoptysis; and it is almost the rule, therefore, that when called to these cases in consultation, one of the first remarks of the doctor in attendance is, that "every thing possible has been done, and every remedy tried, but in vain." It is assumed, in fact, that the only object of the consultation is to sanction the inevitable death of the patient. Yet according to my experience, it is exceedingly rare for a patient to die of hæmoptysis. In these remarks, I confine myself to cases of pulmonary hæmorrhage due to tuberculous disease of the lungs, which make up the large majority of all cases of severe hæmoptysis.

I attribute the success of my practice in this respect mainly to the use of ergot of rye; because it is quite true, as already suggested, that, in nearly every consultation-case of appalling hæmoptysis that I have seen, "every thing has been done, and every remedy tried," with the one exception of ergot of rye; and the use of this remedy has generally turned the fate of the patient. It has always struck me as a singular fact, that general practitioners, who are so well acquainted with the effects of ergot in uterine hæmorrhage—who use it more frequently than any other class of practitioners—with whom, in fact, it is almost a "pocket companion"—never seem to think of using it in pulmonary hæmorrhage. I find, from frequent inquiry of my medical friends, that this is explained by the prevalence of the idea that ergot only acts by inducing contractions of the muscular tissue of the uterus; its remarkable power of in-

ducing contraction of the blood-vessels being lost sight of.

But I have said that, in the appalling cases to which I have referred, "every thing else has been done, and every remedy tried," before I ordered the ergot; and I desire to attach the greatest importance to this fact. Ergot is only competent to do one of the many things necessary to stop a severe pulmonary hæmorrhage; viz., to contract the vessels. It is necessary to do much more than this.

1. The vital power must be supported by brandy, iced milk, and beef-tea, if indicated by the general symptoms.

2. The heart must be kept steady by digitalis.

3. Congestions must be relieved by saline purging.

4. Clotting of the blood must be promoted by styptics, and by the free admission of cold air.

5. The bleeding part must be kept at rest by position, by enforced silence, and soothing the cough.


In spite, therefore, of the fashionable outcry against complicated prescriptions, I venture to give the following as the most efficacious, and, as it seems to me, the most rational combination of remedies for a case of tubercular pulmonary hæmorrhage. It has served me many a good turn, and I hope it may do the same for my professional brethren.

R Ext. ergotæ liq. ʒij (to contract the vessels); tincturæ digitalis ʒij (to steady the heart); acidi gallici ʒj (to clot the blood); magn. sulphatis ʒvj (to relieve congestion); acidi sulphurici diluti ʒj (to assist the rest); infusi rosæ acidi ad ʒviij (to make a mixture). A sixth part every three hours till hæmorrhage is arrested.

In any given case, either of the ingredients may be omitted, if the symptoms indicate that it is not required, or that it has already done its duty.—*British Med. Journal.*

Action of Mercury.

At the recent meeting of the British Medical Association in Oxford, Professor Hughes Bennett read an abstract of the results which had been arrived at by the Edinburgh Committee. The committee, after a laborious investigation on the action of mercurials on dogs, arrived at the conclusion, that whether administered in large or small doses, the preparations of mercury exert no cholagogue action upon that animal—in fact, that they always diminish the flow of bile. How far this report can serve to throw light upon the action

of mercurials on man, is, however, a matter upon which more than one opinion can be held. In the course of their investigations the committee have found that mercurials, when administered in large doses to dogs, purge them; and, when in smaller and frequently repeated doses, induce the same group of phenomena which are observed in men under the same circumstances, viz.: feter of the breath, salivation, and ulcerations of the gums. Having accurately ascertained these facts, the committee appear to consider that the fact that mercurials fail to increase the flow of bile in the dog, affords an almost positive proof that these drugs do not exert a cholagogue action in the case of man. The experiments supported the modern view that the diversion of the bile through a fistulous opening out of the body does not materially interfere with the intestinal functions, but leads to exhaustion of the body altogether.—*Med. News and Library.* 

EDITORIAL.

The Eclectic Medical Profession, and Eclectic Medical Journals.

THE intellectual activity of every age seeks some special form of expression. There are certain laws that influence and control its manifestations, as completely as physiological laws govern the processes of physical growth. This is essentially an age of journalism. New inventions and discoveries follow each other too rapidly to be promptly and adequately chronicled in books. The extent and variety of scientific investigations demand a ready and immediate means for their record and communication. Medical science is no exception to this rule. Valuable and interesting inventions in medicine and surgery are being almost daily and hourly made. New theories are advanced; valuable suggestions and interesting speculations, all tending to eliminate new truths, useful alike to the profession and to the afflicted, are being put forth, seeking for criticism and confirmation. The medical periodical becomes the essential and admirably adapted medium for submitting these topics generally to the profession and the public. Medical journals bear much the same relation to the cultivation and advancement of medical science, as do newspapers and scientific periodicals to the spread of general knowledge. They have now almost entirely supplanted medical text-books. Before an au-

thor can mature his observations, and set them forth in a carefully prepared volume, some special research or investigation may have exploded his elaborate theories, and consigned his work to a speedy oblivion. Especially is this so since the mechanical and physical means of examining into nature have been carried to such a high degree of perfection. Medical men thoroughly acquainted with the text-books of a few years ago will find themselves, at the present day, sadly behind the times, unless they have kept pace with the advance of medical science through the medium of its periodical literature.

As the Eclectic school of medicine is more in harmony with the progressive tendencies of the age, therefore the importance and value of Eclectic medical journals is in the ratio of this more advanced spirit of inquiry and development which characterizes the profession, and we would naturally expect of them a higher appreciation, and a more liberal support of this kind of literature. This can, perhaps, be no better determined than by a comparison of the relative number of physicians of the different schools in this country, and the number of medical journals they respectively support.

As far as we can gather from the most reliable sources, there are about 40,000 physicians in the United States. Of these, 30,000 belong to the Allopathic school, 4,000 to the Homœopathic, and 6,000 to the Eclectic school. Exclusive of dental journals, and others devoted to chemical and physical science, 30 periodicals emanate from the Allopathic school, 8 from the Homœopathic, while the Eclectic supports only 3. An examination into these figures discloses the fact, that the number of Eclectic medical journals is but one to every 2,000 of its practitioners throughout the United States. The Homœopathic school have a journal to every 500 of its practitioners; while the Allopathic school furnishes a periodical for every 1,000 of its practitioners. Although the above exhibit cannot be regarded as an absolute test of the relative appreciation and support of medical periodical literature among the different branches of the profession, yet it is sufficiently so to be anything but flattering to the Eclectic school. The facts here presented will place before the Eclectic medical profession a clear view of their duty to aid in the support of existing periodicals, and suggests the propriety of extending the number. We recognize in our periodical literature the most efficient means for the cultivation of medical science, and the most powerful instrumentalities for maintaining our existence as a distinctive school. We should give them a most generous and liberal support. They

should not only have a large circulation, but they should be distinctive Eclectic journals, not drawing their life and sustenance from the currents of old school literature, but should mirror the most advanced ideas and principles of our peculiar system of practice.

There will probably be no single day in the experience of any Eclectic physician in established practice, in which the Eclectic Medical Review will not be worth more than its subscription price. We therefore feel justified in urging upon Eclectics generally, the duty of promptly subscribing for the Review, and using their efforts to extend its circulation.

Eclectic Medical Dispensary of the City of New York.

THE recent annual report of the Trustees of the Eclectic Medical Dispensary shows this institution to be in a very flourishing condition. A brief summary of its operations gives the number of persons receiving medical and surgical treatment 9,364; females (adult), 4,634; males (adult), 1827; females (children), 1685; males (children), 1218. Considering the comparative short time which has elapsed since the establishment of this charity, and the difficulties which have embarrassed its operations in the shape of insufficient accommodations and limited pecuniary means, no institution of a similar kind in the city can show a better record. The success which has attended the treatment at this Dispensary, and its growing popularity with the poorer classes, fully demonstrate the superior excellence of the Eclectic system of medication.

From an elaborate article on the "Dispensaries of New York," recently published in the New York Herald, we extract the following:

"ECLECTIC DISPENSARY.

"Three years of philanthropic effort still keeps this institution in the occupancy, as headquarters, of a building in East Twenty-sixth street, near Third Avenue. Last year they had 9,300 patients, and this year will have had double that number. There are two resident doctors and seven consulting physicians connected with the institution. It is under excellent management and growing in popular favor."

The following is the appointment of the medical and surgical staff for the ensuing year by the Board of Trustees, having this institution under charge.

Days.	Attending Physician or Surgeon.	Consulting Physician or Surgeon.
<i>Monday,</i>	James Day, M. D.	Prof. J. M. Comins, M. D.
<i>Tuesday,</i>	E. H. Millington, M. D.	Prof. E. Freeman, M. D.
<i>Wednesday,</i>	R. E. Kunze, M. D.	Prof. P. W. Allen, M. D.
<i>Thursday,</i>	J. H. Fitch, M. D.	Prof. J. M. F. Browne, M. D.
<i>Friday,</i>	P. A. Morrow, M. D.	Prof. Robt. S. Newton, M. D.
<i>Saturday,</i>	W. R. Merwin, M. D.	Prof. Wm. W. Hadley, M. D.

We have no doubt but that with the increased facilities which the purchase of the building will afford, and the efforts which are to be made to secure larger appropriations from the City and State authorities for the purchase of medicines and other needful appliances, the Eclectic Medical Dispensary will continue to prosper, and its circle of usefulness will be extended to embrace a much larger number of the unfortunate poor of this city.

Annual Meeting of the New York State Eclectic Medical Society.

THE seventh annual meeting of this Society, will be held at the Delavan House, in Albany, on the last Wednesday and Thursday (27th and 28th) of January, 1869.

The following are the appointments for this meeting as announced by the President.

Annual Address,—M. M. Fenner, M. D. *Essayists*,—Drs. J. M. Comins, and T. L. Harris. *Committee on Surgery*,—Drs. E. Freeman, and H. C. Cooper. *Obstetrics*,—Drs. W. Jones, and Harman Pease. *Medical Hygiene*,—Drs. J. G. Fross, and J. C. Hurlbut. *Materia Medica*,—Drs. A. B. Westcott, and E. S. Preston. *Theory and Practice*,—Drs. L. Stanton, and P. W. Allen. *Chemistry and Pharmacy*,—Drs. C. T. Hart,* and H. C. Taylor. *The Status of Eclectic Medicine*,—Drs. J. A. Martin, and Samuel Tuthill. *Medical Statistics and Ethics*,—Drs. R. S. Newton, and B. J. Stow. *Committee of Arrangements*,—Drs. A. W. Russell, R. S. Newton, and J. A. Martin.

It is very important that every member of the Society be present at the approaching meeting, and each auxiliary society be fully represented. The success which has attended the labors of this organization for the last four years, is very encouraging, and should stimulate us to still further effort. The liberal charter of the New

* Since deceased.

York Eclectic Medical College and the establishment of this institution on a firm basis, the publication of the transactions of our Society by the State, which have been among the principal means of strengthening and popularizing our cause in the East, are the direct results of the influence of this Society. The establishment of the Eclectic Medical Dispensary of the city of New York, and the securing of its annual appropriations, may be considered as partly due to the respectability and influence of our State organization.

All proper means should be used to induce every qualified Eclectic physician in the State to become a member. There are over three hundred such, who have not yet connected themselves with this association.

As the Society will be in session two days, the members should make all their arrangements accordingly. We hope that the several committees will present able reports, and a spirit of earnest scientific inquiry pervade the meeting.

Brooklyn Eclectic Medical Dispensary.

THIS Institution, situated at 240 Myrtle Avenue, is now open daily for the reception of patients, from 10 A. M. to 2 P. M., under the charge of Dr. W. H. Bowsby, House physician.

The staff is composed of the following gentlemen:—Drs. D. E. Smith, H. E. Firth, Wm. W. Hadley, B. J. Stow, J. Y. Tuthill, H. S. Firth, M. Hermance, J. E. Danelson, Wm. B. Warner, and L. B. Firth.

The Orthopædic Dispensary of the City of New York.

THE following named gentlemen have been named as the incorporators of this benevolent institution:—James Brown, S. W. Coe, William E. Dodge, Alexander Frear, James Boorman Johnston, Robert Lenox Kennedy, U. A. Murdock, Robert S. Newton, Howard Potter, Theodore Roosevelt, Charles F. Taylor, W. Edward Vermilye, Otto Fullgraff, Charles G. Halpine, David V. N. Williams, Morgan Snyder, and such other persons as may hereafter be associated with them.

From the special act of incorporation, passed May 1st, 1868, we learn that the purposes of the said corporation, shall be to establish and maintain an institution for the treatment of physical deformities, and to give instruction in such treatment, and more especially to af-

ford surgical and mechanical treatment to the disabled and deformed among the poor.

At a meeting held on the 10th of December, 1868, which was attended by nearly all the trustees, a constitution and by-laws were adopted, and the following named persons were elected to fill the several positions until the regular annual meeting, which will take place on the 10th day of January, 1869.

President, James Brown. *Vice-President*, U. A. Murdock. *Secretary*, Howard Potter. *Treasurer*, Theodore Roosevelt.

Surgeons, Charles F. Taylor, M. D., and Wm. E. Vermilye, M. D. *Assistant Surgeons*, T. M. L. Chrystie, M. D., and D. C. Carr, M. D. *Consulting Surgeons*, C. R. Agnew, M. D., John T. Metcalf, M. D., Willard Parker, M. D., Wm. H. Van Buren, M. D.

From the report which was submitted by Dr. Taylor, we learn that the institution has been in successful operation for more than one year, and that the results of the treatment were such as could not fail to be gratifying to every friend of the institution.

Under the present efficient management, this charity cannot fail to meet any demand of that class of sufferers who are to be treated in this institution. The Dispensary is situated at 1303 Broadway, and is open from 2 to 3 P. M., every Monday, Wednesday, and Friday.

The First National Eclectic Assurance Society.

THIS Society, having so many peculiar advantages, has rendered itself one of the most popular companies in the city. Its success has already been equal to that of any other company, and as soon as all its favorable features are fully known by the public, its business will increase proportionately.

No Life Insurance Company in the United States has a more active and energetic list of officers and Board of Directors. Although many of the States are fully organized, the Company wish several hundred more good and experienced agents, and all that may wish such positions may address the Company in this city.

To Our Subscribers.

THOSE of our Subscribers who have not paid for the current year will find notices of subscription due inclosed in the present number.

The circulation of the Review, already large, is rapidly increasing, but we cannot afford to furnish a journal of such style and cost unless it is paid for. We therefore hope that these calls will be promptly attended to.

A New Book.

WE have received an elegantly bound copy of the "Recollections of a Busy Life," an autobiography by Horace Greeley, to which, in our next number, we will give an extended notice.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR 1867.

The second volume of the "Transactions," comprising 374 pages, is before us. The first part of the work contains the official proceedings of the Fifth and Sixth annual meetings. From the minutes we learn that both meetings were largely attended, that there was an unusual degree of interest manifested in its proceedings, and that there were quite a number of accessions to the membership of the Society.

A very commendable feature introduced at the last annual meeting will, we hope, continue permanent. We refer to the employment of a regular phonographic reporter, by the aid of whose services all the papers presented are not only mentioned, but the debates to which they severally give rise are reported. In this way many valuable practical hints and suggestions elicited by these discussions are recorded.

We notice with some regret that the proceedings of the sixth annual meeting are incorporated in the present volume. This, we understand, through no fault of the Secretary, but in pursuance of a resolution of the Society. We fear that it may lead to some embarrassing confusion as to dates. As the sixth annual meeting was held in January 1868, it seems to us that its proceedings would more properly come in the Report for 1868.

Besides the usual routine of official proceedings, the report contains many exceedingly able and interesting papers. Many of them are upon well-selected medical subjects, and give evidence of much thought and scientific research. We would be glad to favor our readers with extracts from some of them, but the want of space forbids.

Among the Reports of the different Committees, that upon Eclectic Medical Literature, by Drs. M. M. Fenner and C. T. Hart, is de-

serving of special mention, not only from the value and interesting nature of the matter presented, but from the evidences of care and skill displayed in its preparation. This report gives a very favorable exhibit of Eclectic Medical Literature, and it may surprise some of our old school friends to learn that, exclusive of our periodical literature, we have 64 volumes, many of them standard medical text-books, as the product of the industry and thought of the Eclectic Medical profession within the last twenty years.

The report of the committee on Eclectic Surgery, by Drs. R. S. Newton and E. Freeman, is able and interesting. The volume is enriched by several fine lithographs: one in illustration of a case of exsection of the upper jaw-bone, palate, and cheek-bone of the right side, by Prof. E. Freeman.

In an article on cancer, by Prof. Robt. S. Newton, we have 3 fine illustrations of a very remarkable case of fungus hæmatodes, involving the left shoulder and arm; another of encephaloid cancer of the eye cured; and another of malignant tumor of the breast, involving the whole gland, which was removed some 20 years ago. The patient is still enjoying perfect health, with no indication of a return of the disease.

We are gratified to see a very decided improvement over the first report, both in the character of its contents, and comparative freedom from typographical errors. Altogether, the volume may be considered as creditable to the learning and intelligence of the members of the society, and the school of medicine which they represent.

A RATIONAL TREATISE ON THE TRUNKAL MUSCLES. Elucidating the mechanical cause of Chronic, Spinal, Pelvic, Abdominal, and Thoracic affections; and of bronchial and other derangements incident to the clerical, legal, and other professions, with the rationale of their cure by mechanical support. By E. P. Banning, M. D.

THIS is a work of 352 pages, gotten up in handsome style, on fine yellow tinted paper, well illustrated, in plain, readable type, and bound in a very elegant and substantial manner; by W. A. Townsend & Adams, of New York.

It embodies the complete development by the author, to the present date, of ideas quite original and new. Those are based, as he in his preface asserts, on his idea "that the viscera are as much under the law of a primary and specific position and bearing as the bones, and that functional disturbances, requiring physical aid, may follow a violation of that law in one case as well as in the other."

This is more clearly explained in No. 3, of his fundamental propositions, where he says:—"The normal status of these weighty, lengthy, fragile, and irritable viscera, consists mainly in their being maintained in the ascendant, by their surrounding elastic abdominal walls, in opposition to a state of consecutive dependency from their

ligamentous attachments. In Propositions 4 and 5, he says that in proportion as the body is erect, and the abdominal and dorsal tissues energetic, will this primary ascendant position be steadily maintained;—in proportion 'as they relax, there must ensue a corresponding change in the visceral status, which would be essentially a dislocation involving a train of physical and functional derangements.

The erect posture, he teaches, is that in which the upper part of the trunk has its centre of gravity in two lumbar vertebræ in the direction of a vertical line drawn through the upper part of the spine and head, to a point between the two feet, which is the centre of gravity for the whole body. The antero-posterior flexures of the spine, he teaches, are for a purpose, additional to that of giving elasticity, and preventing concussion; that they are for the purpose of balancing the heavy upper trunk, (thorax and upper extremities) upon the centre of gravity in the lumbar vertebræ, and between the feet. Also to make the bearings of the viscera, suspended from the spine, different from a vertical one, in which case they would not press upon and compress or crowd down those which are beneath, but by their bearing being thrown in a different direction, they receive support as nature has provided in various other ways. Thus the natural antero-posterior flexure throws the abdominal viscera, especially the mass of intestines, forward upon the posterior-superior surface of the pubes, and upon the muscular abdominal wall alone. This flexure, which throws the axis of the superior strait of the pelvis in the direction of a line drawn from the umbilicus downward and backward vertical to the plane of that strait, thus throws that cavity out of the direction of the bearings of the abdominal viscera, and relieves them from the encumbrance of their weight, which, if the lumbar-anterior convexity were not maintained, would necessarily fall upon them.

Of course, the correct understanding of this law is important to all, but it especially of vast importance to the female sex, who are so much the victims of uterine displacements of various kinds. If the author should do nothing else but advocate and urge upon the profession, and all others, the proper understanding of this law, it even should be considered a great work for a lifetime.

He has, however, invented an apparatus for correcting those deviations of the spine, both antero-posterior and lateral, when they occur, and also modifications, by which prolapsed organs are supported at the same time. Those for the deviation of the spine have the great merit of supporting the weight of the upper part of the trunk upon the hips, while the others are dependent upon them. The first part of the work is mainly taken up with the explanation of what he means by spinal symmetry and deformity, including the different forms of angular curvature and the mode of application of the proper apparatus for correcting them.

The different forms of uterine displacements are then treated of, and the proper adaptation of instruments. The greater part of the work is directed to considerations of the effect of muscular laxity on the kidneys, uterus, intestinal canal, liver, spleen, lungs, heart, &c.,

in producing disease, and the proper application of mechanical support.

His brace truss for inguinal and femoral hernia were so well liked in the late war, that the report of a Board ordered by Surgeon-General J. K. Barnes, specified that truss as being, compared with trusses in common use, "considered infinitely superior." The principle of action on which they are constructed is evidently good, which cannot always be said of trusses.

The therapeutical indications on muscular laxity as applied to the thoracic function and the vocal function, are very well put. Yet beyond the simple application of the instrument for support, there is always a necessity for a proper and thorough training of the muscles that support the shoulders and spine, and that assist in respiration, in order to their increase in strength; for they are after all the natural supports, and any treatment neglecting this fundamental principle must in the end fail of producing the greatest amount of good. On the whole, we think the work well worth a careful perusal and thoughtful consideration, especially that part which treats of the bearings of the spine and their relation to uterine displacements.

PHYSICIAN'S MEDICAL COMPEND AND PHARMACEUTICAL FORMULÆ.

Compiled by Edward B. Hance, pp. 214. Philadelphia, 1868.

This little work is designed to present in a compact form, convenient for reference, information valuable to the Pharmacist and Physician. We would commend it to our readers.

THE MISSOURI DENTAL JOURNAL.

The first number of a journal bearing the above title, devoted to the specialty of Dental science, is before us. Judging from the character of the initial number, it will be well worthy of the support of the dental profession. The arrangement of its contents is under three different heads: the first containing articles of a scientific nature; the second, those relating principally to operative dentistry; while the third is devoted to mechanical dentistry.

It is exceedingly neat and tasteful in its appearance.

THE PHRENOLOGICAL JOURNAL, for January, contains Reverdy Johnson as a diplomat; Napoleon Bonaparte, his character and genius; eminent American Artists; peculiarities of American faces; Dietetic habits of Great Men; Racial Types and Peculiarities, with many other articles of interest and value. J. R. Wells, 389 Broadway, New York.

NEWS AND MISCELLANY.

NEW YORK CITY ECLECTIC MEDICAL SOCIETY.

Regular Monthly Meeting, Dec. 16, 1868.

THE Society met at the Eclectic Medical College building, at eight o'clock. In the absence of the President, Prof. J. M. Comins occupied the chair.

Prof. J. M. F. Browne read an essay on Bile. Some discussion and critical remarks followed. Prof. J. R. Buchanan was introduced. He spoke in the channel of thought suggested by the essay. Speaking of the temperaments, he said, what had been called the bilious temperament, instead of being characterized by a large liver and copious secretion of bile, as was believed by the old writers, was exactly the reverse. The relation of the bile to the different forms of fever, typhus, typhoid, yellow fevers, was dwelt upon. Antiseptics in fevers—the salts, especially the antiseptic salts, among which the chloride of sodium is prominent, were recommended. He then spoke of the Hypochondriac region, that of which the liver and spleen and the portal vessels are the centre, the putrescent region of the animal economy. Quinine is a tonic, and directly stimulant to the organs and parts contained in this region.

The discussion of Bronchitis was taken up. Prof. R. S. Newton said, this disease was a state which followed a number of conditions, perhaps changes in the bile might be one of them—spoke of the value of reforms in the antiphlogistic system of treating disease. Constant purgation deprived the system of the stimulating effect of the bile. Blisters, antimony, mercury, had a similar effect. He mentioned a case in which a course of active purgation developed a chronic bronchitis of which the patient died. Active medication ought not to be used any more than enough to establish a healthy depurative action. When he began practice, he saw the effects of actively pushing remedies to produce black bilious discharges. Mercury does not produce a secretion of bile, as has been proved by the experiments of European pathologists. Bronchitis is a congested condition of a membrane. There is a want of equilibrium of the circulation, a local congestion. It ought to be relieved without any difficulty. Irritating substances ought not to be used, nor active medication, which breaks down the strength of the system. In general practice bronchitis is a very dangerous, a fatal disease. Catarrh, laryngitis, and bronchitis, are the forerunners of Phthisis. When active medication is pushed, the system gives way and death or serious results follow.

Speaking of the antecedents of consumption, Dr. E. Whitney said he would have added Pneumonia—the result of bad treatment.

Dr. H. E. Firth said he did not think with Prof. Newton that Bronchitis is a forerunner of consumption. In the treatment of Bronchitis, he used Veratrum in small doses, with Senega or Sanguinaria or some expectorant.

Dr. D. E. Smith said he was recently called in consultation to a case previously treated allopathically by antiphlogistics. He recommended syrup of Senega, beef tea, and chicken broth. He regarded it as an escape rather than cure.

Dr. O. S. Gregory had tried antiphlogistics at the commencement of his practice, until the ill effects of antimony became evident to him. Now he usually prescribed a combination of Spiritus Mindereri, Spts. Ætheris Nitrosi, and Syr. Ipecac. Sometimes he gave Syr. Tolu, or Syr. Acaciæ and Sanguinaria, with muriate of Iron and Glycerine as a tonic. In the chronic form he sometimes used counter irritation with croton oil.

In reports of cases, Dr. H. E. Firth read a formula for Epilepsy, which greatly reduced the number of the fits, and finally stopped them entirely. Several cases treated, some cured, others mitigated. The formula was:

R Ammonii Bromidi, grs. xl.; Potassii Bromidi, 3vj.; Potassæ Bicarbonatis, grs. xv.; Tr. Colombæ, ʒ iss.; Aquæ Font., ʒ iij.; misce. Give from one to three drams three times daily.

Prof. Buchanan said he had treated epilepsy successfully with cimicifuga.

Prof. Newton said the above prescription (Brown Sequard's) was effectual in cases in which Bromide of Potassium alone was given to no purpose. He substituted Gentian for the Colombo. Used large doses of Bromide of Potassium. It had been given in doses as large as 60 grains, three times a day.

Dr. Whitney said he had given 80 grains at one dose, and related a case of insanity in which the bromides with Veratrum subdued the severity of the paroxysms, and effected a cure.

Dr. W. R. Hayden and Dr. H. C. Cooper were appointed essayists for the next regular meeting, Jan. 20, 1869.

Subject for discussion, on next meeting, The Therapeutic action of Barosmin, and the Bromides.

The Society adjourned.

J. H. FITCH, M. D., *Secretary*.

ANTIDOTE FOR CARBOLIC ACID.—Next to the stomach-pump, in poisoning with this acid, the best antidote is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and therefore a diluent of carbolie acid, and may be used to stop the corrosive effect of the acid, when its action on the skin is too violent.—*Journal of Cutaneous Medicine*.

SOLUBILITY OF DIPHTHERITIC MEMBRANES.—M. M. Bricheteau Adrian, after a series of carefully conducted experiments, came to the conclusion that lactic acid is the best topical application to the false membranes of diphtheria. "A false trachial membrane was placed in water to which a few drops of lactic acid were added. In two minutes the membranes began to disintegrate and gave signs of dissolving. The addition of a few more drops brought about the com-

plete solution of the membrane. A more complete result was obtained by using limewater, so as to form lactate of lime. Solutions of potash and soda acted much less powerfully. Bromine water, chlorate of Potassæ and chloride of Sodium were all found less active in promoting solution of the membrane.

THE New York Medical College for Women has now about forty students attending its lectures, a larger number than has been present any previous year. It is eclectic in principle. The other institution of the kind, the New York Female Medical College, which is allopathic, has about fifteen students; a good indication of the growing popularity of the newer and more liberal views. The first-named college has just added a new professorship to its faculty, that of microscopic anatomy and physiology. The college and infirmary are at the corner of Second Avenue and Twelfth Street, and communications in regard to instruction, regulations, etc., may be addressed to the dean, C. S. Lozier, M. D., at that place.—*Home Journal*.

PTYALISM.—Dr. Ahrouheim (*Deutsche Klinik*, No. 35, 1868,) presented before the Berlin Medical Society, on March 30th, 1868, two cases of chronic salivation in children, caused by the careless application of ungt. hydrarg. to their bedsteads for the destruction of vermin.

Dr. Beer at the same time called the attention of the Society to a woman, æt. 40 years, and unmarried, who had not menstruated in four months and was affected with ptyalism. An acrid saliva continually flowed from her mouth. Evident signs of pregnancy were not present, but most of the gentlemen were of opinion that the symptom was attributable to that cause.

CONSANGUINEOUS MARRIAGES.—M. Voisin states as the result of a careful examination of 1,077 of his patients at the Bicêtre and Salpêtrière, that in no one instance of his idiotic, epileptic, or insane patients, could healthy consanguinity be legitimately regarded as the cause of the affection. He believes that the ill results which have been observed after consanguineous unions are not really due to these, but are to be attributed to the ordinary hereditary causes.—*Union Méd.*, October 3d.

A NEW TEST IN ALBUMINURIA.—M. Hæbler (*Inaug. Dissert.*, Berlin, 1868) describes a new method for finding the proportion of albumen in urine.

The suspected urine, after having its specific gravity taken, is boiled together with infusion of sugar-cane in a test tube, and then treated with enough acetic acid to precipitate the albumen. The liquid is then filtered, and its specific gravity is again taken when it has reached the same temperature at which it was first taken. Multiply the difference between the two specific gravities (water=1) by 210 and we have the percentage of albumen present. In thirteen such examinations the average error was only 0.023 per cent., while

in Vogel's optical test the average error is 0.046.—(*Centralblatt für die Medical Wissensch.*, No. 33, 1868.)

CURARE.—Curare comes from Para, Brazil, and is made from the juice of the *strychnos toxifera*. A peculiarity of curare, also met with in other organic poisons, is that it only acts toxically when it reaches the blood channel; and is innocuous, even remedial, when introduced into the system by other avenues. Iodide of sodium is in Brazil spoken of as a certain antidote to this poison, and mingled in equal quantity, in solution, the former is said to prevent the action of the latter.—(*Reise der Novara um die Erde*, Wien, 1864.)

HOMŒOPATHY IN RUSSIA.—Our Allopathic cotemporaries have been industriously circulating a report that the Czar of Russia had forbade the Homœopathic practice of medicine in his dominions. Dr. Verdi, of Washington, has the authority of the Russian Legation to say there is no truth in the report. We learn through the *Bulletin de la Soc. Hom. de France*, that Homœopathy was never in a more flourishing condition. The only opposition it meets is from the faculty and medical authorities, and not from the government. The Minister of the Interior has granted authority for the formation of a Society of Homœopathic physicians at St. Petersburg. One of the wards of the hospital at Warsaw (by the will of the Russian government) has been given up to Homœopathic practice. Will the press circulate this, the true view of the situation?—*Med. Investigator*.

REMOVAL OF FOREIGN BODIES FROM THE NOSTRIL.—Dr. Detwiler recommends (*ibid.*) when foreign bodies, with smooth round surfaces—such as beads and beads—become lodged high up in children's nostrils, the most dextrous surgeon is often foiled, or unnecessarily detained; the restlessness of the little patient, and the consequent exceeding difficulty of grasping the object, and the frequent slipping of the forceps from the smooth surfaces, will sometimes render all ordinary attempts to extricate the intruded substance ineffectual. By forcibly blowing into the child's mouth, and at the same time closing with the finger the free nostril, the foreign body can be speedily and easily ejected. This movement should be made suddenly—as if attracting the child's attention by a motion to give it a kiss.

LIFE INSURANCE.

To the Editors of the New York Eclectic Medical Review:

Gentlemen—The business of Life Insurance has attained such proportions in this country as to fully justify the demand that our branch of the profession shall have a just, liberal, and equal participation in the benefits and profits of medical examinations, &c.

We have experienced personally the humiliation of receiving an appointment as medical examiner, by a State agent (examining as many as twenty and thirty per month), yet not being recognized by

the company as a regular appointee, as it was contrary to the rule laid down by the medical directors at the head offices, to appoint any physician not of the Allopathic profession. Having received a notice from the medical director of the First National Eclectic Life Insurance Society of New York, that Eclectic physicians, where found competent, would receive the appointments of the said company, such a just course meets with great satisfaction, and the stockholders and directors of said company should receive the co-operation of our branch of the profession.

Having examined the working plan of this company carefully, as well as having given considerable attention to the subject of life insurance, and compared their table of premiums and the tables of all the leading companies of the country, we notice that the tables of this company vary but very few cents on the one thousand dollars, above or below, all the other first-class companies, and that it is more liberal to the policy holders than the majority of the companies as exhibited in the last annual report of Commissioner Barnes of New York, which is no surprise to us, knowing that such companies base their rates from the Carlisle system of mortality.

Being true friends of the system which your journal advocates, and feeling a full sense of obligation towards those liberal capitalists who compose the stockholders of said company, for placing our friends on an equal footing in the business of life insurance, we take this method of expressing our willingness to fully coöperate with said company.

T. J. WRIGHT, M. D.,

President of the Ohio State Eclectic Medical Association.

ORIN E. NEWTON, M. D.,

President of the Cincinnati Eclectic Medical Association.

NEBRASKA STATE ECLECTIC MEDICAL SOCIETY.

THE Eclectic physicians of this young and growing State organized a State association in October, 1868. The full proceedings we expect to publish in the next No. of the "Review."

KANSAS STATE ECLECTIC MEDICAL SOCIETY.

WE learn from Dr. G. H. Field of Leavenworth, that there will be a State society formed in that State early in the spring. By this time Michigan and Wisconsin will also have State Eclectic Medical organizations.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

THE eighth semi-annual meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, Boston, on Wednesday, January 13th, 1869, at 10 o'clock, A. M.

Essayists—J. W. Towne, M. D., Milbrey Greene, M. D., J. H. Wright, M. D.

"The relative value of the Crude and Concentrated Remedies" will be a special topic for discussion.

By order of the President.

C. E. MILES, M. D., *Recording Secretary*.

A HANDSOME BEQUEST.

ISAAC BARTON of Philadelphia, who died a few months since, bequeathed about \$60,000 to the Women's Medical College of that city.

BOOKS AND JOURNALS RECEIVED.

Proceedings of the Homœopathic Medical Society of Ohio, 4th

Annual Session, held in Columbus, O., June 9th, 1868.

The Chemical News and Journal of Physical Science.

Buffalo Medical and Surgical Journal.

Boston Medical and Surgical Journal.

Eclectic Medical Journal of Cincinnati.

The Druggists' Circular and Chemical Gazette.

The Journal of Materia Medica.

Pacific Medical and Surgical Journal.

The Dental Register, Cincinnati.

The Dental Cosmos, Philadelphia.

American Homœopathic Observer.

Phrenological Journal, New York.

Journal of Applied Chemistry.

Ohio Medical and Surgical Reporter.

The Medical Investigator.

American Agriculturist.

Braithwaite's Retrospect.

London Lancet.

Chicago Medical Examiner.

The Humboldt Medical Archives.

The Western Journal of Medicine.

The Philadelphia University Journal of Medicine and Surgery.

Eclectic Medical Journal of Pennsylvania.

The St. Louis Medical Reporter.

The Cincinnati Medical Repertory.

New York Medical Gazette.

Herald of Health.

Revista Medico-Chirurgica y Dentista.

Druggists' Price Current and Chemical Repository.

American Journal of Dental Science.

Missouri Dental Journal.

AMERICAN ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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ORIGINAL COMMUNICATIONS.

Human Conception.*

BY J. M. F. BROWNE, A. M., M. D.,

Professor of Physiology and Pathology in the Eclectic Medical College of New York.

Few subjects in physiology are less understood than the subject of human conception. It is one of the most mysterious processes of the animal economy; and its very mystery invests it with a peculiar interest. Multitudes of theories—many of them mere hypotheses—have been advanced to explain it. The theory of the Ovists, the theory of the Spermatists, the theory of the Combinationists—these, and endless modifications of these, have been promulgated from time to time. The theory of the Ovists, propounded by Pythagoras, and adopted by Aristotle, teaches, that the female parent affords all the materials necessary for the formation of the offspring, and that the formative powers, possessed by, and lying dormant in, the female product, are simply awakened to action by the influence of the male.

The theory of the Spermatists teaches, that the semen of the male furnishes “all the vital parts of the new animal, and that the organs of the female merely afford a fit place

* Extract of a Lecture delivered before the Class in January, 1869.

for its repose and suitable materials for its nourishment." The zoosperms, or seminal animalcules, were at one time regarded as the primary form of the forthcoming animal, and were styled *homunculi* or miniature men.

The theory of the Combinationists teaches, that both parents furnish some semen or product, and that the union of these gives rise to the structure or egg from which the foetus is formed.

The first of these hypotheses has few or no supporters among physiologists of the present day; the second still finds a few advocates, but the last is the theory now generally received.

Both parents contribute towards the production of the new being. The contribution of the female is the ovum or egg, which escapes from the ovary at each menstrual period; the contribution of the male is the seminal fluid, which is deposited in the vagina during the sexual congress. The ovum, when free from its ovarian investments, is about the one-hundredth of an inch in diameter, and consists of the vitelline membrane, the vitellus or yolk, the germinal vesicle and the germinal spot. The seminal fluid is a mucous, viscid, colorless fluid, heavier than water, and of a neutral or slightly alkaline reaction. As seen through the microscope, it consists of two parts, viz.: the *liquor seminis* and the peculiar histological elements of the semen, the *zoosperms*, *spermatozoids*, or *seminal animalcules*. The zoosperms are very minute, scarcely exceeding, in man, the one ten-thousandth of an inch in diameter, and consist of a round, oval, or pyriform, transparent body, with a tail-like appendage.

Whether the fecundating power of the semen is derived from these, or from the fluid in which they float, is a question about which physiologists are not agreed. Some ascribe it wholly to the former, others wholly to the latter. Some contend that the zoosperm penetrates immediately to the ovule and converts it into a nest, in which it reposes until it is developed into a living foetus. According to this view the *liquor seminis* or interzoospermic fluid serves no other purpose than that of a vehicle to convey the animal-

cule to its place of destination. Others contend that the zoosperms are destined solely to maintain the chemical composition of the sperm by their active movements, and to act as porters of the fluid around them; and that the liquor seminis alone is possessed of the fecundating power. According to this view, the fecundating power depends upon a peculiar chemical sensibility with which the liquor seminis is endowed, that this peculiar sensibility is preserved only as long as the fluid is in motion, and that the motion of the fluid is maintained by the active movements of the zoosperms.

Which of these views is correct there is no means of deciding. It may be there is truth in both. The zoosperms, by the activity of their movements, may maintain the seminal fluid in normal condition, and aid in its transportation through the genital canal; but the fecundating power equally inheres in the zoosperms themselves and the fluid that surrounds them.

The question as to how the seminal fluid is brought in contact with the ovum has not yet been settled. Some years ago the theory was, that "fecundation takes place by sympathy or consent of parts;" but that theory has passed away and another has taken its place. It is believed now that the semen is carried to its destination partly by the individual motions of the zoosperms themselves, and partly by "a sort of gentle rolling motion" of the rugous coat of the genital canal, the latter motion excited, no doubt, by the presence of the seminal fluid.

There has been much discussion also as to when the act of fecundation takes place. The old idea was, that it was synchronous with, or immediately consequent upon, the sexual act. But the discoveries of modern observers have proved the incorrectness of that idea. The precise time cannot of course be ascertained, but the probability is that it does not exceed forty-eight hours after the seminal deposit. The time most favorable to fecundation is immediately after a menstrual period: but, as the ovum is from twelve to eighteen days in passing through the Fallopian tube to the

uterus, a connection had during that time is very likely to be followed by pregnancy. Some physiologists contend that impregnation is impossible after the expiration of eighteen days, or after the ovum has escaped from the uterus. This seems reasonable enough, but experience proves that it is not correct. There is really no time during the intermenstrual period when the consequences of indulgence can be certainly avoided. In proof of this many cases might be cited. One, however, borrowed from a distinguished Philadelphia professor, will be sufficient for illustration.

"A few years ago," says Dr. Longshore, "we were applied to by a young unmarried woman, of very respectable connections, and informed that she had missed her courses for the last two periods: upon inquiry, it was discovered that she had morning sickness, and other signs of incipient pregnancy. Upon being made aware of our apprehensions in regard to her situation, after some hesitation she acknowledged that there might be some probability of their accuracy, but she could not see how it could be. She admitted that she had been guilty of an impropriety, but that she had apprehended no danger from that, as it was consummated at a time unfavorable to such a result. She stated that her regular period would have been the first week in January, and that she had *seen company* on Christmas night, and had been told that there was no danger, so long after her former period. Upon being informed that her case admitted of no relief, she returned home disconsolate enough, and in due time, was delivered of a fine boy. Here the embrace took place within a week or ten days of the approaching period, and conception was the consequence."

In such cases as the above, the same high authority suggests, the zoosperms may be retained in a perfectly healthy condition within the folds of the mucous membrane which lines the genital canal and then come in contact with the ovum that escapes at the next menstrual period.

But another question presents itself, viz.: Where does fecundation take place? This has called forth much discussion. The ovary, Fallopian tube, and the uterus have each

been designated as the place where the ovo-seminal contact is effected. Baudelocque, Burns, Sir Everard Home, and Dewees suppose that it takes place in the ovary. Notwithstanding this array of distinguished names, it is very difficult to conceive how the zoosperm can penetrate the several structures that enclose the Graafian vesicle. To reach the ovum in the ovary it would have to penetrate the peritoneal membrane that covers the ovary—and also the thick, firm, dense ovarian tunic, not to speak of the three coats of the Graafian vesicle—nor of the granular cumulus in which the vesicle floats. It seems simply impossible, therefore, that fecundation can take place in the ovary.

Nor is it effected in the uterus, for the simple reason, that if the ovum arrived unfecundated in the uterine cavity, there would be no decidua to arrest its descent, and it would escape from the body, like all other ova at each menstrual period.

If, then, fecundation does not take place either in the ovary or the uterus, it must be effected in the Fallopian tube. The observations of Barry and Bischoff have shed much light on this subject, and their experiments on various mammalia leave little doubt as to where the ovo-seminal meeting occurs.

But still another question presents itself, namely: How is fecundation effected? This is the most difficult question of all. It was my privilege, some years ago, to hear it discussed by Dr. Longshore, of Philadelphia. That profound thinker and accomplished teacher, regards fecundation, “with all its mysteries and obscurities, as nothing more nor less than a change of polarity of the ovum, induced by electric action—as the simple result of the great law of attraction and repulsion, without which all things would cease to be, and by the beneficent operations of which, all things continue to exist.” His views are singularly ingenious, and will, no doubt, be read with interest by those who have given any attention to this subject. He discoursed in this wise: “The animal organism is not free from its electrical currents. As regards the sexes, the male, in general, is posi-

tive, and the female negative. That there are exceptions to this rule we readily admit. A female may be negative to one male, and positive to another; or, the two may possess similar electrical conditions, and both be positive or both negative to a third party; or, these conditions may become changed by age or sickness, or other disturbing influences, and a dissimilarity of electricity be established between them, when we shall have one positive and the other negative. Animals are no less amenable to the laws of electricity than other bodies. We assume, then, as a general law, that the male is positive and the female negative. The experiments of Du Fay prove that a body may be one part positively, and another negatively electrified at the same time. During the excitement of the ovary, induced by the maturation of the ovum, may not the ovary become positively electrified while the Fallopian tube remains negative? Being in close proximity to each other, and one being positively and the other negatively electrified, they are attracted to each other. The fimbriated extremity of the tube is drawn to the ovary, and to that part the most intensely excited, viz., the site of the Graafian vesicle, a persistent contact is effected which continues during the ovarian excitement. Immediately upon the ovum's escaping, the excitement subsides; the electrical state of the ovary is changed; it again becomes negative, similar to the state of the tube, which is repelled from the ovary, carrying the ovum with it.

"The matured ovum, having derived its electrical condition from that of the general system of the female, is negative. Having entered the tube through electrical agency, it is carried through its cavity to the uterus by the peristaltic motion of the tube itself. Its electricity may be of greater or less intensity, according to that of the female. The *semen masculinum*, deriving its electricity from the male, is positive. This being deposited in the vagina, while the ovum occupies the tube, is propelled along the genital canal, in the manner heretofore described, aided, perhaps, by electric attraction. We here stop to examine a question that fair criticism may very properly propound, viz., the spermatozoa, the essential

element of fecundation in the semen, being positive, and coming in contact with a negative body, viz., the vaginal surface, why do they not yield their positive excitement, or electricity, to their negative surroundings, agreeably to a simple law of electricity—that bodies dissimilarly electrified tend to restore an equilibrium? This requires us to pause a moment, to examine into the organization of the spermatozoa, and see if they are amenable to this law. Carpenter says that, ‘the principal component substance of the mature spermatozoa is the same with that which is the chief constituent of the epithelia and of the horny tissue generally, named the binoxide of motein of Mulder.’ Now, from the constituents of the spermatozoa, they are non-conductors, a class of bodies that receive and part with electricity very slowly, and when touched by a good conductor, the excitement is only removed from the part touched. Their composition, then, protects them from the operation of the law above stated, and enables them to traverse the canal, freighted with the element of life undisturbed. They pass up through the uterus, enter the Fallopian tube, and meet the ovum, a body more intensely excited negatively, than the structures over which they have passed; they are attracted to it, a contact effected and rendered persistent by electrical attraction, they penetrate the vitelline membrane, now surrounded by, and immersed in a fluid negatively electrified; they give off their positive excitement; a new electrical condition is excited in the ovum, *and this constitutes the rudimental life, or spirit of the new being.* By this, the polarity of the ovum is changed, a new molecular action established, which rapidly modifies the entire body, and changes its elementary constituents, as can now be readily perceived, and the successive changes watched from day to day, under the microscope.

“Other difficulties encountered, in contemplating the reproductive functions, can be removed, other mysteries solved, and other obscurities rendered clear, by the application of the foregoing theory. Cases of apparent sterility are occasionally met with, such as a man and wife, both healthy and vigorous, living together, and cohabiting for years, say from five to

twenty, without issue, and at the expiration of this time, the wife conceiving and bearing children. In such instances, at first there is a similarity of electricity that is neither positive nor negative to the other; and as bodies similarly electrified repel each other, the ovum and sperm being alike, are thus repelled; hence, as there is no electrical change effected in the ovum, there can be no fecundation. But, in process of time, either by the operations of age, difference of habits, occupation and exercise, an attack of sickness, or from some other cause, one of the parties, and it matters not which, becomes more or less impaired in health and vigor, by which the electrical condition becomes changed. One now being positive and the other negative, the wife soon gives evidence that her reputation for sterility was groundless and false.

Cannot the production of the sexes be accounted for upon the same hypothesis?

As it requires the positive and negative to fecundate the ovum, one of these conditions, whichever preponderates at the instant of fecundation, is incorporated with the newly evolved vital spark, and is reflected upon the new being, stamping it either as male or female, according to the preponderance of the polarizing cause, of the father or mother.

Human existence is a combined quality of the physical and psychical. The highest, and ultimate object of physical existence is the reproduction and the continuance of the species, to which all other physical considerations are subordinate. The highest and ultimate object of psychical existence is a preparation for immortal life, to which all intellectual, moral and religious considerations are subordinate. These two propositions embrace all the duties of life. Physical health and comfort, involving the thousands of real or fancied means of attaining them, are essential to the perfect consummation of the first. And high intellectual, moral, and religious culture and development, involving the thousands of real or imaginary means of attaining them, are essential to the consummation of the second. And the nearer we approach the perfect consummation of these two objects, the nearer we approximate a state of perfect happiness. The essentials of these

two propositions are so intermingled with human existence as to become a part of it. Human electricity emanating from, or pervading this combination of the physical and psychical, becomes the representative of the whole, and that, exciting the spermatozoa and ovum, being, if we are allowed the expression, the quintessence of humanity, intensified perhaps during the sexual excitement, plants, by the act of fecundation, all the elements of human nature, with their varied significance, in the rudimental being which its presence originates. Hence the physical differences and mental peculiarities of individuals and races; and the family resemblances, physical and psychical, that are everywhere acknowledged to exist. If this does not approximate the rationale of the phenomena and philosophy of fecundation, we acknowledge our inability to comprehend the singular concatenation of facts and circumstances, including the laws of electricity, and even the composition of the spermatozoa, pointing so unequivocally and strangely in that direction, to no purpose."

52, Bond St., New York.

Plea for Medical Eclectics.

BY ALEXANDER WILDER, M. D.*

WHEN we come to discourse about medicine as an art or a science, we find the field too broad for an easy survey. It is picturesque and beautiful, or rugged and uninviting, according to the mood in which we make our observation. In the remarks which we propose to submit, we will endeavor to take our views upon the more favorable side. The medical vocation is founded upon a want of our society, and should be respected accordingly. It will take its place at the head or foot of the learned professions, as its practitioners by their skill and erudition, or their defects, shall show its claim. It is not a mechanic art, though many who pursue it for a living, by their peculiar way of administering drugs,

* Extracts from a paper read before the New York City Eclectic Medical Society.

are apparently so regarding it. Nor is it a science that can easily be mastered in schools and learned from books. Whatever the diploma of a medical college may say or signify, it does not prove that the person receiving it is an accomplished physician.

The older masonic order has its three degrees, apprenticeship, associate, and magisterial. The certificate of the schools, which should mean a certain proficiency in scholarship and discreetness about the exhibition of remedial agents for apparent morbid action, is to be considered but as this initiation of the medical catechumen. Careful study and observation, the maturing of ideas afforded by varied experience, are necessary to constitute the "fellow-craftsman." But where are the masters? Answers the echo—"Where?"

Yet the true physician is the epopt, who has passed the hand of the hierophant, and become in his own person the embodiment of his profession, clear in vision, unerring in sagacity, and wise in very simplicity. But one should be careful about such talk as this, if he would avoid the rebuke of the great philosopher: "He who pours water into a muddy well does but disturb the mud."

Nevertheless, when one demands so much for the adept in the healing art, it is not less than the very name of the vocation professes. The physician is the minister and priest of nature. His knowledge cannot lawfully be circumscribed to an acquaintance with maladies and their specific treatment; any more than it is to be the sole business of the doctor to administer medicine, rather than to teach. Nature as it is, the outbirth of Deity and his external manifestation, is all comprised within the province of the physician's investigations. The eloquent author of "Festus," playing as we have been upon words, declared in his proem that *poets* are *under-makers*. He was right to call a poet a creator; and we cannot be far wrong in claiming for the physician the rank of master of the entire world of Nature. It is his province to possess all knowledge. Humanity as a whole is his appropriate study. It is as indispensable for him to know the mental and moral, the entire psychological laws, as to

understand the ordinary physical phenomena. Digestion, assimilation, secretion, etc., are to so great a degree the sequence of peculiar vital and moral conditions, that it is necessary to comprehend those conditions, before the physician can act intelligently in relation to the peculiar effects which they produce. To treat disease as purely a physical and quasi-mechanical ailment, to be overcome by certain remedies, is therefore hardly philosophical.

In taking a position so apparently heterodox, if not paradoxical, we assert in advance, that we hold in the highest regard the knowledges which we consider others as mistaken in considering as pretty much the entire body of medical science. Surgery, although chiefly a mechanical art, is of transcendent merit, abundantly justifying the zeal of students to learn it thoroughly. We are standing, so to speak, in its outer court; and but little is known as yet, where volumes are to be learned. The obstetrical art, so vital to the welfare of our human race, cannot be considered as out of its infancy, till the practitioner shall have learned whether he, or more properly *she*, is the auxiliary or the vicarious substitute for the functions of nature. It is not easy to determine the appropriate field of gynecology, when so many physicians are making their living by their practice among female patients. One is at a loss to determine whether the womb is an organ to be regarded with awe and respect because of the sacred function which the Creator assigned to it, or whether it is something for conceited, vain, unscrupulous practitioners to tamper with.

Chemistry has never been half learned. It is too fashionable for medical Eclectics to declaim against Paracelsus, for having introduced mercury into the medical catalogue, and to denounce him as a charlatan and impostor. Why not denounce Galen for the employment of venesection, thus gaining for his followers the appellation of *leeches*, as Paracelsus won for his the epithet of *quacks*? Gentlemen, Paracelsus was one of the greatest scholars of his age, fairly approximating that high stage of intellectual culture where knowledge is akin to inspiration. Better would it have been if

the great army of quacks—for I must call them by their proper designation—who assumed to be his disciples, had taken for their portion the gold of his instructions, instead of achieving for themselves a dishonorable immortality with the dross.

It is high time to give to chemistry a higher importance than has been common with those who have discarded the lessons and peculiar practice of the Old School of Medicine. We have a strong antipathy, however, to the use, as a remedial agent, of any drug which comes from the manipulations of inorganic chemistry. It may be proper and even necessary, in the present imperfect condition of our knowledge, to make use of the safer minerals. Yet we cling fondly to the belief that there is “a more excellent way.” As the Supreme Being is worshipped and invoked because he is Life itself and the Source of life, we draw from this fact the corollary, that the proper agents to restore our disordered functions to their normal condition, are always substances which have been separated, set apart, and sanctified for use by vital action. This is the law, we all know, in relation to food, which must come from the vegetable or animal kingdom, but never from the mineral. I cannot resist the conviction, nor do I desire to resist it, that the same rule should apply to our medicine.

Chemistry has already proved an invaluable auxiliary in our endeavors to make this rule perfect and adequate to our wants. We remember when our text-books were confined almost exclusively to inorganic elements, and the medical practitioner, armed with a lancet in one hand, and with calomel and antimony in the other, went audaciously forth to “kick Nature out of doors.” However, “the time of this ignorance God winked at; but now he commandeth all men everywhere to repent.” The lancet has become covered with rust; and the use of the Samsons of the old Ignorance is becoming obsolete. Happy would it be for the world if the disciples of that school would be candid enough to confess the source of the Light and Power which wrought among them so much of reform and revolution.

In these changes, chemical science has signalized itself by mighty advancement. From consisting of a portable duodecimo volume half full of pictures of air-pumps, retorts, crucibles, and blowpipes, and a chapter or two about opium, quinia, gums, essential oils, and vegetable acids at the back end, our portliest folios are required to record and illustrate the numerous chemical elements obtained from manipulation of vegetable and animal bodies ; and it seems as if language itself had not words enough to give names to all the new substances which have been discovered. Adam giving names to the animals and Eve to the flowers of Eden, can hardly be named in comparison. This has made the vocabulary of American Eclectics rich with the catalogue of new remedies from indigenous vegetables, which are destined to overturn the citadel of Old School medicine, as effectually as the walls of old Jericho are said to have fallen when the Levites under Joshua made seven processions around them blowing rams' horns. And when once fallen, cursed be the man in all coming generations who shall undertake to build them again.

But for organic medical chemistry there is no place of pausing. Not only must it ransack the entire vegetable kingdom, even fulfilling the prayer of Macbeth—"ministering to a mind diseased," as indeed our Homeopathic friends, with much plausibility, profess to do already with their specifics. The chemistry of disease must take its turn in being unfolded and elucidated. In the eloquent words of Sir J. Y. Simpson of Edinburgh, physicians must know the exact organic poisons that produce diseases, with all their exact antidotes and eliminatories ; look upon the cure of some maladies as simply a series of chemical problems and formula ; melt down all calculi, necrosed bones, etc., chemically, and not remove them by surgical operations ; stem bleeding in amputations and other wounds, not by septic ligatures or stupid needles, but by the simple application of hæmastatic gases or washes ; healing the few wounds required in surgery by the first intention ; stay the ravages of tubercle, blot out fevers and inflammations, avert and melt down morbid

growths, cure cancer, destroy all morbid organic germs and ferments, annul the deadly influences of malaria and contagions, and by these and other means markedly lengthen out the average duration of human life.

How much farther such exploration and discovery may be pursued, almost makes the brain giddy to contemplate. Whether we shall find out the secrets of the human frame, so as to know why the parts ossify and the blood stagnates, and apply preventives to the effects of Time, is the ideal before us. Probably we shall not soon attain the more noble secret of the philosopher Herakleitus, by which heat or caloric, being the primordial principle of life, can be made its perpetual renovator, and so live on indefinitely. But there is an infinitude of knowledge to acquire of which we have little idea. To half the virtues of the vegetable world we are yet in the ignorance of savages. We know enough to be aware that one herb will restore a sick person to health; that another will paralyze a wise man into idiocy; another will prostrate in almost instant death the strongest athlete—so that tears and laughter, vigor and disease, madness and reason, wakefulness and sleep, existence and dissolution, are coiled up, so to express it, in unregarded leaves. Bulwer declares poetically, “There are faculties within us with which certain herbs have affinity, and over which they have power.”

With so much to be learned, the incompleteness of our knowledge almost seems painful. We have taken gigantic strides of late years, for all that. Our eclecticism, which our adversaries are so fond of stigmatizing as empiricism, has enabled us, in a great measure, to disentangle our limbs from the clumsy scientific apparel with which we had been cumbered. But we did not blindly discard the useful knowledge and practices of our assumptive rivals. Their researches were like the net cast into the sea, which gathered fishes of all kinds, bad and good. We have endeavored to follow the evangelical rule, “to put the good into vessels, and cast the bad away.”

Not pausing here, we have sought to ascertain what vir-

tues and secret potencies existed in articles which their oracles had indicated as "*not officinal*." We no more asked their license, authority, or approval in this, than Jesus Christ applied for authority to teach from the Scribes. For this they have stigmatized us as empirics, as ignorant and illiterate. Perhaps there is too much truth in this ; nevertheless we find an apt illustration for it. Jesus taught in the Temple, and the Jews, who were learned, regular, and orthodox, demanded, "*How knoweth this man letters, having never learned ?*" We answer to all their carpings in his appropriate words : "Wisdom is justified of her children."

Gentlemen of the Society, the American Eclectic Practice requires from me no vindication or eulogy. It has borne testimony for itself. For those who would arraign it for neglect of scientific investigation, it has already its herbariums, its novel remedies obtained from plants, principally the indigenous flora of our own continent, and its extraordinary success in combating with disease. If accused of narrowness, it has for its defense the widest field of exploration ever occupied by a School of Medicine. To the charge of empiricism we have to submit to the arbiters the fact that all important remedial agents ever employed were first tested by experiment. If it is irregularity that our enemies mean, we are perhaps compelled to yield the point. Our adversaries made the laws and established that infamous professional rack, the Code of Medical Ethics. No man can be regular, in their eyes, till their enginery has first pulled him out of joint, and deprived him for ever of the use of those limbs or faculties with which his Creator endowed him. They have legislated against the right of a physician to practice who did not carry their diploma. They have distorted justice to procure verdicts from courts in their interest. They have even striven to obtain a clause in the Constitution of this State, so that the American Eclectic practice, like impartial suffrage and equal rights to women, should be interdicted by the fundamental law. Indeed, they remind me of the denunciatory question of the martyr Stephen : "Which of the prophets have ye not killed and persecuted ?"

But no malice of adversaries can endanger Eclectic medicine. The real peril is within its own ranks. What it wants is able and learned physicians. Every medical student should be required to become scholarly in other departments of knowledge. He should carefully abstain, by the use of slang, bad grammar, or worse pronunciation, from doing violence to the noble old vernacular which is denominated his mother tongue. He should be a gentleman in his deportment; refined in his sensibilities. He should make choice of his vocation because he has a love and enthusiasm for it, and a generous regard for his fellow-men. He should then rest content with nothing short of thorough profi-

These essential conditions faithfully observed will win the regard of the entire community. It will not be possible for the old school, with all its assumption, its monopoly of official station on health boards and as quarantine officers, its pompous display, to hold the palm of professional superiority. Already the ablest medical scholars of Europe read Eclectic books and quote from them, use Eclectic medicines and praise them as such. In this country the books are read, but not quoted; the medicines are used, but not credited to the Eclectics. Jealousy, and perhaps ignorance, is the occasion of this. But it will not last long, if Eclectic physicians acquire that general erudition and exercise the good sense which should characterize their vocation. There is a college here; let it be generously supported. Its prosperity is essential to your success and reputation. It will give you more than it will receive. You have no strength to throw away. Maintain your organization carefully. Cultivate friendly social relations, and give to each other your coöperation and sympathy. In this way you will magnify your vocation; and it will soon be accounted an honorable distinction to be a Medical Eclectic.

Eczema of the Vulva.

BY T. J. WRIGHT, M. D.

THE term eczema was first applied by Willan to designate one of the vesicular eruptions, non-contagious in char-

acter, consisting of minute vesicles, crowded together in irregular patches, with or without surrounding redness.

Eczema of the vulva is one of the most troublesome affections of the external organs of generation. It is very apt to assume a chronic form, and prove extremely intractable to the ordinary modes of treatment instituted in such cases. It most generally appears in the flexures between the thighs and labia majora, and from that point extends its ravages to the labia minora, anus, perineum, and adjacent parts. In its acute form it deviates but little from eczema located on any other part of the body ; it seldom remains long, however, in this condition, but passes with great rapidity from the acute to the chronic state. When the labiæ become involved the hair soon drops off, and the adipose tissue which gives to the parts their rotundity is taken up by the absorbents, while a corresponding change of tissue is going on in the superficial vessels of the skin, exuding plastic material as if to compensate, in part, for the loss already sustained in the deeper seated tissues, resulting in a thickening of the epidermis, which is soon covered with white epithelial scales, when the mucous membrane on the inner surface of the organs becomes dry, harsh, and unyielding.

Eczema does not always involve the entire vulva, though cases are on record in which not only the external but the internal surfaces have been so completely changed in character as to give the mucous membrane a dry, harsh, and thickened appearance, particularly so at the orifice of the vagina, associated with a contracted condition of the os externum and a furfuraceous thickening of the entire epidermis. In the worst cases, the malady extends beyond the parts enumerated to the preputium clitoridis, and affects it to such an extent, that the thickened and indurated organ is no longer confined within the labia, but projects between them, very much like an abnormal growth, changed both in color and consistency. In persons of the bilious or sanguine temperament, who have a dry, harsh skin, the integument, being abundant, as in some cases of the preputial integument, of the male, favors the development of this complaint.

The material which the eruption sends forth, spreads over the sound skin, and in consequence of the irritation it excites in the parts with which it comes in contact, increases the area of the field occupied. As has been before remarked, it is very liable to assume a chronic form, and when it does so, it is said to appear very much like psoriasis in consequence of the white epithelial scales, flame-like in character, which cover the entire eruption. No matter how long the duration, eczema but seldom, if ever, loses its natural tendency to form vesicles on some part of the integument which is the seat of the complaint. They appear as solitary vesicles, just inside or outside the affected district, remain for a short time a new source of trouble, then disappear, when others spring into being, mature and die, as their predecessors.

Slight attacks of eczema, to which some women are liable at each and every menstrual period, from slight exposure, over-exertion in walking, indulgence at table, or allowing their bowels to become constipated, are often much relieved by the frequent application of a glycerine lotion, consisting of glycerine ʒ ij, aquæ rosæ ʒ vj; while the parts adjacent to the eruption may be treated with pure glycerine; and at a more advanced stage of the malady a lotion containing oxide of zinc ʒ ij, misturæ acaciæ ʒ j, aquæ rosæ ʒ v, will be found very efficient. When the inflammation is severe and the discharge copious, the patient would do well to remain in a recumbent position, still better in bed, while she applies the latter lotion to the parts three or four times a day. This will soon restrain the exudation and mitigate the soreness, when the parts may be treated with powdered starch dusted over the inflamed surface; and at a still subsequent period, the benzoated oxide of zinc ointment, so highly spoken of by Erasmus Wilson, as an application in eruptions of this nature, will complete the cure, should the attack be a simple uncomplicated eruption of eczema.

During the day, whether the integument involved be large or small, a local application of a soothing and sedative character may be used to advantage, consisting of liquor plumbi, ʒ ij; glycerine, ʒ iij., and aqua fontana, ʒ vj.;

and, during the night, the parts should be treated with the benzoated oxide of zinc ointment. In this connection I should not omit to mention that the discharge should not be washed off either with simple water, or soap and water, cold or warm, for the reason that the eruption is aggravated by all such appliances. The better plan is to take a soft linen rag and gently remove all the discharge without committing violence to the parts, then apply the medicated dressings, selecting those most appropriate to the stage and extent of the disease.

In the milder forms of this malady, acetic acid, six drops to the ounce, has been used and highly recommended when the pruritis is troublesome, as well as equal parts of lemon juice and water; either one or both may be used, should other means prove inefficient, in consequence of some peculiarity of constitution or idiosyncrasy, to meet the indications of the case.

It is however the chronic form of eczema, attended with desquamation of dry scales of the epidermis, that is the most troublesome to relieve, to say nothing about the cure of this, the most unpromising form of the malady. The most obstinate cases are but seldom found in private practice; the large hospitals affording the best field for studying this disease in its most aggravated forms. The itching, so annoying to the patient, is in some respects alleviated by the free application to the parts of cod-liver oil. In general, however, its good effects soon pass away, when another and still another of the unctuous applications is used with perhaps partial relief, till the greater portion of this class of remedies has been thoroughly tested with slight improvements, and as many corresponding relapses. Indeed, nothing short of a radical change or modification of the tissues by caustic applications, holds out any inducement to the practitioner. For this purpose I would recommend the solid nitrate of silver to be repeatedly applied, should the epidermis retain its abnormal appearance, till a manifest improvement in the parts takes place; then I would substitute a solution of twenty grains of the salt, to an ounce of distilled water, and if need be, in-

crease it to thirty grains to the ounce. A solution of caustic potassa, half a drachm to the ounce—to be applied, like the nitrate of silver, with a camel's-hair pencil—is highly recommended by Professor Scanzoni, who advises in addition, as the disease abates, very copious and frequent ablutions of cold water.

In many cases of chronic eczema it is a waste of time to rely on local applications. The patient requires constitutional treatment adapted to the peculiarities of her case. In no instance should the bowels be allowed to remain in a constipated condition. Providing the patient should be of a full habit, with a feverish tendency, the saline cathartics should be selected in preference to all others. If of an opposite condition, aperients and laxatives will be more appropriate than the drastic hydragogue cathartics. In all stages of the disease a free state of the bowels should be maintained. The alimentary canal can be made to render essential service to the skin, and should never be overlooked, or lost sight of, in treating the simplest, as well as the most troublesome of the cutaneous maladies. The urinary organs, like the alimentary canal, can be used as auxiliaries to assist the cutaneous vessels in the performance of their functions. With a view to produce an alterative effect upon the general system, and at the same time bring into play the kidneys, I am in the habit of prescribing bittersweet (*solanum dulcamara*, radix) yellow dock (*rumex aquaticus*, radix) and queen's root (*stillingia sylvatica*, radix) coarsely pulverized or ground, half an ounce each. Let these ingredients be put in a quart of water and simmered over a slow fire until the water is reduced one fourth in volume. The decoction should then be strained and sweetened to suit the patient, and an ounce thus prepared should be taken four times a day, and may be increased should the quantity ordered be insufficient. After the decoction has been taken for several days in succession "its effects on the system become quite apparent" by the increased action of the kidneys and bowels, when a marked improvement of the cutaneous troubles is almost always sure to follow.

Having thus briefly referred to a mode of treatment which in practice has been tested in several obstinate cases, it would be incomplete did I not include the spirit and vapor bath, as well as the alkaline bath, so frequently resorted to in all obstinate cases requiring free action of the cutaneous vessels, which alone, in many cases, will turn the tide of events when all other means have been tried in vain.

Polyporus Officinalis.

BY D. E. SMITH, M. D.

A FEW months ago, my attention was directed to the above agent, by reading a monograph on it in the *Homœopathic Observer*, where it was highly recommended as a specific in intermittent fever. I made a note of it at the time, and resolved to try its efficacy in the above disease at some future day; and, if it stood the test of clinical practice, to adopt it as *one* of the means of cure in this disease. I need not tell you that I am a believer in genuine Eclecticism, which, as I understand it, is to

“Seize upon *truth* wherever found,
On christian, or on heathen ground,
Among your friends, among your foes,
For the plant is divine, where’er it grows.”

I had been treating an unusually obstinate case of intermittent fever, Mrs. H——, of this city, which resisted the ordinary means of cure, and I regret to say that all I gave her made no impression upon her disease whatever. She became discouraged, as well as myself, for I had treated her for some weeks with no improvement. I was accordingly dismissed and another physician sent for, who treated her for some two months with no better success, however, than myself, when he was dismissed and I was again employed. I found the patient very much reduced in flesh. Her fever came on every afternoon, and lasted for some hours. The fever was preceded by coldness of the feet and hands, but no regular

chill. I prepared pills of quinine, prussiate of iron and capsicum, and gave her, with other tonics and antiperiodics, but all to no purpose. A variety of different medicines were ordered, but they made no impression on her disease. On came the fever as regularly as the time rolled around. On consulting my note book I found the *Polyporus* strongly recommended in intermittents, and I resolved to try it, as this case would test its efficacy in this disease. I gave her the following :

R Tinct. Polyporus Off., gtt. x.; Aquæ Puræ, ℥ ij. M.

Sig. One teaspoonful once in two hours.

The next day her *fever was much less*. Ordered the medicine continued. On the following day, at the time her fever should have appeared, there was only a slight fullness and heat about the head. I continued the medicine. On the third day there was *no fever*. Three months have since passed, and no return of the disease.

A few weeks since I was called to see a young boy, aged ten years, who was exceedingly nervous, and had also regular intermittent fever. I prescribed the usual antiperiodics, but with no curative effect. I gave as high as twenty grs. of the sulphate of quinine in one day, but with no apparent benefit. After using the ordinary intermittent remedies for one week with no good results, I resolved to try the polyporus, and ordered the following prescription :

R Tinct. Polyporus Off., gtt. viij.; Aquæ Puræ, ℥ ij. M.

Sig. One teaspoonful once in two hours.

Under this prescription the *fever ceased* in thirty-six hours, and the patient rapidly convalesced. I have used the polyporus on two or three other patients, where the effect was not so marked as in the cases reported above, yet the favorable impression it made on the fever was very apparent.

So far as I have investigated, the polyporus as a remedy in intermittent, the medicine appears to be peculiarly appropriate in those cases where quinine and other antiperiodics fail. I shall, however, continue its use, and note the results,

and at some future day may communicate them to the profession.

Brooklyn, January 20th, 1869.

Lunatic Asylums.

The Medical Journals vs. Judge Sutherland, and Commodore Meade. Lunatic Asylums must be supported. Their allies, the Medical Journals.

BY ROBERT S. NEWTON, M. D.,

Prof. of Surgery in the Eclectic Medical College of New York.

WE clip the following from the Boston *Medical and Surgical Journal* of January 7th, 1869.

"In the Commodore Meade case, on one side was the negative evidence of sundry persons, who could see no insanity in him at the time. On the other, his relations, without dissent, affirm his insanity and its dangerous character. They testify to an attack of apoplexy confining him to his bed for a month, the paralysis accompanying which still exists; to his marked change of character after the event; to his aversion to all his relations, and his deadly hostility to several friends of his family, leading to the carrying of firearms for the avowed purpose of killing them. Surgeon Bache, of the Navy, who had known him a long time, testified to his insanity. Dr. Brown-Séquard gave the family a written opinion that his mind was impaired by the presence of an unabsorbed apoplectic clot. Dr. Brown, of Bloomingdale Asylum, where he was sent, had not the slightest doubt of his insanity. He was discharged by order of the court."

From this it will be seen that the writer is of the opinion that the Commodore is really a Lunatic. This writer may have forgotten the fact that he has made up the case by taking as evidence, statements which upon being investigated did not prove to be facts. The Naval officer who testified, had not seen or been personally with the Commodore, for about two years. Now the strangest thing that

this writer refers to as testimony, is the statement of Dr. Brown-Séquard, that "his mind was impaired by the presence of an unabsorbed apoplectic clot." Now Dr. Brown-Séquard, or any other physician, has no definite means of determining the existence of an "apoplectic clot," and, too, it is a well known fact that in all cases when such a condition has been revealed by post-mortem examination, that the mental condition of such persons had been the very opposite of that of the Commodore. Pressure of the brain from such a cause, is attended with depression of spirits, obtuseness of the faculties, melancholy, coma, and even death. Never is there a state of action, exhilaration and excitement from pressure on the brain. As to the attending physician of the Bloomingdale Asylum (where the Commodore was confined), while we have entertained the highest respect for his opinion on the subject of insanity, we are at a loss to understand the reasons why a special order had to be issued, before those persons who were the custodians of the Commodore, and the managers of the Asylum, would allow the Commodore to be let out to undergo the trial by which it was to be determined whether he was a lunatic or not.

The following is from the Medical and Surgical Reporter, Philadelphia, January 2, 1869.

"The evidence in Meade's case has now been before the public for some time. It is another of those instances wherein the sympathy of the public is asked for a husband and a father imprisoned on pretence of insanity by his wife and children—another case which furnished penny-a-liners for the dailies and weeklies a text whereon to talk of *lettres de cachet*, private madhouses, and mercenary physicians.

"Here was a man broken down by arduous service, soured and embittered by disappointment and indulgence in violent passion, confessedly given to 'fits of ungovernable fury' for trifling causes, carrying about three or four loaded revolvers, suspicious that his daughter, who had tenderly watched over him during a trying illness, meant to poison him, threatening the life of his family, and hanging about the dens of New York to enlist 'roughs' in order to murder his prospective son-

in-law ; finally pronounced by Dr. BROWN-SEQUARD as suffering from an organic disease of the brain ; here was such a man turned loose on the public, on his family and his connections, because the judge, while seeing proof of frenzy, of dangerous, wild, uncontrolled, permanent passion, yet was not clear in his mind that this was insanity. He had a definition of insanity of his own, this judge had, so he tells us, but, ‘ though clear to him, he could not express it ’ ! ! ”

We cannot understand why the writer of this article manifests so much bitter feeling in the case, and animadverted so strongly upon the opinions of the press of our city. He runs into the same error as the writer in the Boston Journal, and brings forward testimony which would not stand as evidence in a court of inquiry. Again, while this writer complains so strongly of the position of the New York press in the matter, the private cards and statements of the family, and pretended friends, which he wishes his readers to take as facts, were published in the city papers.

If newspaper statements are good on one side why not on the other ? But the most remarkable circumstance connected with this whole matter is, that now, after the only proper legal tribunal has decided the “ victim ” not a lunatic, and set him at liberty, that this writer should continue to use such language as the following, which will be found in the extracts : “ Here was such a man turned loose on the public, on his family and his connections, because the judge, while seeing proof of frenzy, &c., was not clear in his mind that this was insanity.” May we ask why are the editors of the several medical journals feeling so bad at the success of the public effort to rescue one of the prominent officers of our navy from a lunatic asylum, where he had been sent, and where he would have remained until death had released him, as in the case of thousands of others who have been the victims of designing persons ? If it was a question of sympathy for the family, why not have a little for the Commodore, if he is, according to the writer, a “ poor paralyzed apoplectic,” and still suffering from “ blood clot,” leaving him in a state of “ congestion,” not “ able to run,” or “ take care of himself.”

If it was a question of danger, the circumstances in the case fully developed the fact of who was really the most to be dreaded and feared.

If the medical editorial staff of this country were as united and determined in keeping sane persons from being victimized, and locked up in lunatic asylums, as they are to sustain the opinions of the medical men who testified in these cases, we would have no more such cases as have occurred the last few months in New York, New Jersey, and Philadelphia.

At this time, Commodore Meade is well and in his right mind, and no indication of insanity has been discovered by any of his pretended friends, since they have learned that the public and the courts of the State will protect him in the exercise of all his personal rights. Judge Sutherland took a rational and common sense view of the case, and decided accordingly, and we are glad to be able to record the fact that he fully understood his duty, and discharged it promptly, and, but for his independent and just decision, one of the old tried and true servants of the country, would in all probability, still have been deprived of his personal liberty.

We make another appeal to the various Legislatures of the several States, for a reform in all the land upon this subject.

NEW YORK, Jan., 1869.

PERISCOPE.

Therapeutical Action of Veratrum Viride.

M. OULMONT, in a memoir on this subject presented to the Academy of Medicine, states that he has employed the resinous extract made up into granules of one centigramme each, one of these being given every hour until vomiting takes place, this usually occurring after the third dose, although sometimes not until after the seventh or eighth. These short intervals are indicated by the fugitive character of the action of the medicine, and by the fact that this is not cumulative. Being aware of the elective action it exerts on febrile phe-

nomena, M. Oulmont has administered the substance in cases of acute pneumonia, acute articular rheumatism, pleurisy, and typhoid fever. The following conclusions are drawn: 1. The veratrum acts directly by lowering the pulse and temperature, the former, at the end of three or four hours, diminishing by from twenty to fifty beats. The temperature lessens much more slowly, so that it is diminished by from a half degree to 2° C. only after three or four days. 2. The dose requisite to produce these effects is from 3 to 7 centigrammes per diem, and, for durable effects to be produced, it must continue during three or four days. 3. It exerts a very favorable influence in simple pneumonia, the mean duration of which is reduced by its aid to $6\frac{3}{4}$ days, while the mortality is less under this mode of treatment than under any other. Its action on the local condition is only indirect by arresting the progress of the disease, and hastening on resolution. According to Dr. Kocter, of Berne, the mortality of pneumonia treated by veratrum is but 8.3 per cent., while it is 13.5 by the expectant treatment, 20.4 by antiphlogistics, and 20.7 by antimony. In complicated pneumonia its action is much less decisive. 4. Its action is far less satisfactory in acute rheumatism and pleurisy, while in typhoid fever its employment is contraindicated. 5. Accidents sometimes attend its administration, collapse sometimes occurring when this has been inopportune, or too strong doses have been given. Singultus also not unfrequently occurs.—*Med. Times and Gaz. Jour. Med. Sciences.*

Inhalation of an Aqueous Solution of Carbolic Acid under the form of Spray for the Treatment of Phthisis.

DR. WM. MARCET states (*The Practitioner*, Nov., 1868), that, considering the phenomena of chemical decomposition which must take place in the diseased portions of the pulmonary tissue in phthisis, owing to their low state of vitality, it occurred to him that if an antiseptic agent could be introduced into the lungs, without interfering with the general functions of the body, the progress of the disease might be arrested, or its mortality diminished. He therefore decided to try carbolic acid in the *form of spray*, as that most likely to cause the antiseptic agent to remain in contact with the diseased parts for some little time before its absorption in the blood.

Dr. M. relates seven cases treated by this method, and sums up the results of his experiments as follows:—

“1st. When a solution of from half a grain to one and a half grains of crystallized carbolic acid in one ounce of water is inhaled in the form of spray by a patient in the chronic first stage of phthisis before softening has taken place, and perhaps also when the process of softening is just commencing, or at the very outset of the second stage, relief is thereby obtained, and in some cases it appears to assist, with other means, in arresting the disease. After using the spray, the patients feel as if their breathing becomes easier and deeper; on moving about and going up stairs there is less dyspnoea; the stitch often felt, or the sudden check to the expansion of the chest in the act of breathing, is partly or entirely removed, cough is frequently relieved, and the expectoration may be considerably diminished. The absorption of any fluid in the smaller bronchi and pulmonary vesicles appears to be favored, as shown by a lessening of the crepitation. I cannot confidently assert that I have known any plastic material in the lungs to be absorbed while the spray was being used, still I believe that in some of my cases the dulness on percussion has diminished, and even disappeared, partly from the effects of the carbolic acid spray. The treatment with the spray should not be adopted exclusively, but in addition to the use of counter-irritation, cod-liver oil, etc.

“2d. In cases of acute second and third stages of phthisis, when the process of softening is going on rapidly, accompanied with a quick pulse, high temperature, debility, and emaciation, the inhalation of the carbolic acid spray, although it may afford temporary relief, appears objectionable, from its depressing influence over the action of the heart. I should also think it advisable to withhold the use of the spray in the first acute stage.

“3d. A solution of carbolic acid, containing more than two grains to the ounce, should, as a rule, not be used, from its depressing action on the cardiac pulsations.

“From the above it will be seen that the spray should be employed with great caution; and if giddiness, faintness, trembling, with a permanently weakened pulse, or any increased irritation in the lungs, should result from the treatment, it ought to be at once discontinued.

“I am in the habit of using the spray as obtained from Clarke's Hand-ball Spray Producer; sometimes I have adopted Mathieu's Spray Producer, in which the liquid is

projected against the inside of a tube and thus atomized. I have tried and given up the steam spray-producing apparatus on account of the difficulty of regulating its action. It appears to me sufficient to inhale the spray once a day, or once every two days, for a quarter of an hour or twenty minutes."

Notes of a Case in which Laryngitis, followed the Administration of Calomel. By JOHN LOCKING, M.D., Physician to the Islington Dispensary.

THE following notes may be considered of interest as illustrating the risk which may sometimes attend the administration of calomel.

J. S—, aged twenty-six, of florid complexion and stout build, had always enjoyed excellent health up to the 17th of May, 1866.

I was sent for on the 18th, and found him in bed lying on his back, with the thighs drawn upward, and flexed on the abdomen. His pulse was small, hard and rapid; urine scanty and high-colored; countenance anxious. In short, he was suffering from acute peritonitis. A large mustard poultice was applied at once, followed by hot linseed poultices. I prescribed small doses of opium, to be taken frequently.

On the following day he was in much the same condition. I therefore ordered flannels, steeped in turpentine, to be applied to the abdomen, as hot and as often as they could be borne, and the hot linseed poultices repeated in the intervals. Soon after this the activity of the symptoms began to subside, and on the 23d he appeared free from all trace of the disease. But his bowels had not been relieved for four days, and, as he began to be uneasy, I thought it well to give a purgative. As he had had no mercury, and dreading to exhibit anything which might light up slumbering embers (if such remained) of the disease from which he appeared to be recovering so nicely, and as mercury is held to be in one of its actions anti-inflammatory, it being used, moreover, and recommended in the treatment of peritonitis, I thought the safest purgative I could give my patient would be a combination of that drug. I accordingly prescribed one grain of calomel, along with five grains of jalap, to be taken every three hours until the bowels were moved. Immediately after he had taken the sixth powder he had a copious evacuation, without griping or other unpleasant symptom.

Other loose motions followed, and he appeared much better. But mark the sequel; before six hours had elapsed after taking the last powder, and within twenty-four hours of having taken the first, salivation set in, and he complained of great fulness in the sublingual region. He soon began to experience a little difficulty in breathing, and during the night of the 24th he was very restless.

Before my visit on the following morning he had filled the chamber vessel literally full of mucus and saliva. On inspection, I found the tongue, tonsils and uvula much swollen, the latter being of a bright red color; but there were no aphthæ nor any ulceration. Dysphagia and stridulous breathing now became marked features, the latter continually growing louder. A blister was applied over the windpipe, and hot poultices round the neck. On the evening of the 25th he could swallow nothing. On the morning of the 26th he was much worse: countenance turgid, lips blue, and the dyspnœa painful to witness. I informed his friends the case was hopeless unless tracheotomy was performed, but to this they would not consent. In the evening I was summoned to the patient in a hurry. Being knocked up with hard work, and feeling unwell, I sent to a neighboring practitioner, who very kindly went off at once to see him. In a note which this gentleman wrote as soon as he had seen the patient he says: "The man is very ill, and I have recommended leeches and ice, and I should think two grains of calomel every hour, to induce rapid mercurialization, would be proper for him. The blister has risen well." Of course he was not aware of the train of symptoms, including mercurialization, which had preceded the condition in which he had found the patient; he therefore prescribed for laryngitis in the orthodox manner. The leeches I was told were duly applied, but as the poor fellow was unable to swallow he could not take the calomel. He sank within eight hours of my neighbor seeing him.

The case gave me great anxiety at the time, and it left a powerful impression on my mind. Death was due to laryngitis. The inflammation in the windpipe was not a metastasis, for the peritonitis had subsided several days. Besides which, before the larynx became affected there was profuse salivation, accompanied with swelling and pain of the tongue, and swelling and redness of the tonsils, uvula, and parts adjacent. The inflammation appeared first in these organs, and then spread by continuity to the larynx. But the salivation, tonsillitis, etc., were, it is fair to assume, owing to absorption

into the system of some of the calomel, which was taken as a purge. Six grains were taken in all, combined with thirty grains of jalap; and notwithstanding the fact that brisk purgation ensued, yet most violent symptoms of the physiological action of mercury showed themselves within a few hours.

This history conveys two lessons—1st. That purgation is no certain safeguard against absorption. 2nd. That the exhibition of a drug endowed with various therapeutical physiological actions may not be without danger.

Life Prolonged Fifty-nine Days by Nutritious Injections alone.

As an useful fact for the medical practitioner, we shall state that life may be prolonged for several weeks by nutritious injections alone. Cases sometimes occur, in which, from stricture of the œsophagus, cerebral disease, or wilful intention of suicide, alimentation cannot be performed in the normal way by the mouth and stomach. Then other avenues must be had recourse to; the rectum and skin, by the injection of highly nitrogenized food, and baths containing nutritious substances in solution. That the cœcum does share in preparing pabulum fitted for thorough and complete nutrition, seems to be established by the researches of VIRIDET, TIEDEMANN, GRUELIN, and others; and the experiments of STEINHAUSEN indicate that the intestinal juices escaping contact with the food in the stomach and small intestines, may arrive in the cœcum, and by their action upon alimentary principles, perform a more or less complete digestion. Clinical facts are not wanting to show that the latter conditions do sometimes exist, and a case to the point is related in the *Deutsche Klinik*, No. 27, 1868, by Dr. RUNGE.

A patient consulted this gentleman for stricture of the œsophagus in May, 1867. After varying success with bougies and local medication, an abscess occurred in the cellular tissue of the neck, April, 1868, and completely blocked up the œsophagus, so that not even liquid aliments could be taken. Injections of yolks of eggs, soups, etc., were made, the patient being kept perfectly quiet; and under this treatment alone, he lived from the 20th of April to the 18th of June, a period of 59 days. In the first week the patient got thin, and complained of an annoying sensation of thirst; in the third week he felt neither hunger, nor thirst, nor pain, and was but little thinner. The eighth week an inflammation of

the large intestines was developed, and the patient died the week following.

Dr. RUNGE thought that had it not been for this intercurrent inflammation, which he seemed to regard as possibly curable, the man's life might have been prolonged several weeks longer. But it strikes us that such would, in all probability, be the result in all cases, from this mode of alimentation, and that his patient lived to the possible limit of life under the conditions.—*Med. and Surg. Reporter.*

Dejections of Infants associated with Forms of Disease.

Dr. A. MONTI has published quite a lengthy article "on the Changes in the Dejections of Infants, and their association with certain forms of disease" (*Jahrbuch für Kinderheilkunde*, 1868, I. 3.), of which the following are the conclusions: (A.) The decrease of the milk-detritus is proportional to the severity of the disease. An increase of the same points to an abatement of the disease. (B.) The changes of color of the dejections are of importance with regard to the prognosis; stools partly yellow and partly green, if they continue for a few days, usually accompany the milder forms of enteric fever; but if the same are of a green color from the commencement, they give evidence of an enteritis of long duration and severe character. If, during the second week of the attack, yellow dejections alternate with green ones, this change is to be looked upon as a favorable one; but if pus or blood appears with the same, the prognosis becomes unfavorable. (C.) The cadaverous odor diminishes with the decrease of the disease. (D.) The continued increase of water in the stools belongs to the most unfavorable appearances, inasmuch as experience has shown it to be followed by a collapse. The quantity of mucus is a criterion for the estimation of the severity of the disease. A diminution of the same shows decrease of the disease. (F.) The presence of a small quantity of blood is not an especially unfavorable appearance; but larger quantities or the frequent appearance of blood in the stools, is to be considered a very unfavorable symptom, as such cases are of very long duration, and mostly end fatally. (G.) Larger quantities of pus are peculiar to enteritis of long duration. The dejections in *cholera infantum* are commonly extraordinarily frequent and profuse, except in isolated cases in weak or artificially fed children, in whom the stools are oc-

asionally not augmented. The dejections are fluid, flaky or crummy, of a rice-water or light yellowish-green color, of a slightly sour, or, in isolated cases, ammoniacal odor; in slight cases they react feebly sour, in severe cases the reaction is neutral. Milk-detritus and fats are diminished in the highest degree, as is the coloring matter, but the amount of water is considerably increased.

The following points are of importance in the estimation of the disease: (A.) The appearance of milk-detritus points to the commencement of convalescence. (B.) The diminution of the coloring matter, as well as the increase of watery constituents, are proportional to the severity of the attack. From the above it follows, in general, that in all cases the diminution of the coloring matter, the increase of mucus and water, and the appearance of blood and pus, are to be considered as unfavorable symptoms.—*Allgemeine Med. Central Zeitung*.—*Med. Record*.

Prevention of Mastitis and Mammary Abscess.

THE following plan of treatment, if adopted and thoroughly carried out, will, in the large majority of cases, prevent the occurrence of inflammation of the mammæ and consequent abscess.

On the second day after confinement give the woman iodide of potassium, two grains every four hours; on the third day two grains every three hours, and on the fourth day two grains every two hours. It is best administered in the following manner: \mathcal{R} Kali hydriodatus, $\mathfrak{z}\text{ij}$; simple syrup or aqua dist. $\mathfrak{z}\text{iv}$.÷ One teaspoonful, containing two grains to be given at the intervals named above. This medicine prevents the usual abnormal turgescence, the obstruction of the milk ducts, and will, if continued, entirely suppress the secretion of milk. For this reason its use should be suspended as soon as the desired result is brought about.—*E. M. Hale, in Am. Hom. Observer*.

Position in Sleeping.

It is an opinion among many that the position of our bodies at night, with reference to the cardinal points, has some influence on the health. The following corroborative observations are by HENRY KENNEDY, A. B., M. B., in the *Dublin Quarterly Journal of Medical Science*, in an essay on the Acute Affections of Children.

“The last point in connection with my subject which I would notice here is the position of the patient. I know not whether I am addressing any one who is familiar with this plan, but it is one which I have for several years past put in force, and often with marked results. I had read in some book that sleep was often prevented from the position of the person not being in the right direction, and that to insure the soundest sleep the head should lie to the north; and strange as this idea may at first sight appear, it has more in it than might be supposed. There are known to be great electrical currents always coursing in one direction around the globe; and there can be little doubt, in my own mind there is none, that our nervous systems are in some mysterious way connected with this universal agent, as it may be called, electricity. I am probably addressing some who are quite conscious of peculiar feelings on the approach of a thunder-storm. I have known many such. At any rate, whatever the explanation be, when I read what I have stated the idea at once struck me that it might be turned to account in the treatment of disease, and very shortly afterwards the following case occurred:—A young lady, then about eleven years old, was seized with measles in a severe form. There was very high fever, restlessness, and raving, with a total absence of sleep, and this state went on longer than the natural course of the disorder seemed to account for. In fact, the fever did not come down with the decline of the eruption. Anodynes were now given, but without any marked benefit. I then thought of what I had read, and directed that the position should be altered. She had been lying east and west, and she was now put north and south, and with a very striking result, as on the very first night she got sleep; and though the fever, evidently like the secondary fever of small-pox, ran on some days longer, she did not suffer again from loss of rest. I must say, at the time this case occurred, I was quite unprepared for the result, and set it down more to chance than anything else. The fact, however, was enough in itself to draw my attention to the subject, and since then I have often put the same plan in force, and now cannot doubt that it is very frequently successful—I say frequently, for all are not equally susceptible. Nor, indeed, can this be expected. It applies, too, likewise to adults; and my friend, Dr. GRIMSHAW, has seen it put in force in some cases of fever in the Cork Street Hospital, and with marked benefit. I may remark, however, that it is not so striking in its effects on the poorer as amongst the richer classes of society; and this

seems to me just what might be expected, for it cannot be doubted that the nervous system in the middle and upper ranks is always in a much more sensitive state than with their poorer brethren. Hence it is that in fever hospitals sleeplessness is rare when compared with what occurs amongst the higher classes. It is worth noting that even in healthy persons sleep will often be absent, or of a broken kind from the cause of which I am speaking. It is very common to hear people say they can never sleep in a strange bed. Now, though many causes may conspire to this, I cannot doubt that amongst these ought to be placed the one to which your attention is being drawn. One of the latest cases in which the means now brought forward were used was that of a little girl I saw with my friend, Dr. DENHAM, within the last month. Dr. WILSON, of Coleraine Street, also saw the case. It was one of severe gastric fever, with the brain very much engaged, and, for a few days, the symptoms were very like those which so often usher in hydrocephalus. In this case two of the means here spoken of were adopted. An anodyne poultice was applied to the abdomen, and the child's position was altered, and with a result which was very striking, for by the second day all danger had passed away, and the very first night of its adoption the child slept. I mention this case because it was seen by others."

Surgical Statistics.

THE statistics afforded by the catalogue of the Washington Surgical Museum have already been put into service, and compared with those collected in the French and English armies at the Crimea, and during the French campaigns in Italy. The critical reviewer in the *Archives de Medecine* has examined these statistics with a view of ascertaining the relative successes of conservative and operative surgery. The immense scale upon which the experiments in both have been tried, would render the conclusions quite authoritative, were it not that, in many cases, the bad hygienic conditions in which the patients were placed, introduced irregular complications into the calculation of chances. On this account, as conceded by the French critic the American reports are the most valuable, since their troops were infinitely better cared for, their hospitals better organized, and the whole medical service better conducted, than had ever been the case, either in the Crimea or in Italy.

In comparing the results of operations and attempts at

conservation, several sources of error need to be guarded against. For instance, it is generally conceded at present, that primitive amputation is much more favorable than secondary, and this last is only practised when the efforts to save the limb have failed. Consequently, the cases of mortality observed in secondary amputations should justly be placed to the account of the conservative system. Again, it is extremely important to separate amputations made a few hours after the wound, and those made on the third day. The differences in the chances of success are immense, and always brightened when, as of course is generally the case, inflammatory phenomena have occurred before the operation. Four classes should be made, including respectively, amputations practiced in the first twenty-four hours; after the first day, but before the development of inflammatory phenomena; after inflammation has set in; finally, ulterior amputations.

In the American war, expectation in treatment of wounds of the foot was followed by a mortality of 30.12 in 100; while after partial amputations, the mortality rose to 62.90 in a 100. Secondary amputation produced 3.21 per cent. higher mortality than primitive. The English statistic is favorable, though in a less degree than the French, to the preservation of the foot. The Americans are quoted as having lost only 9.24 per cent. in consequence of partial amputations, and 13.43 after tibio-tarsal amputations—a result immensely superior to that of the allied armies—but it is not stated how many men were saved by the conservative system.

It is concluded, therefore, that amputation of the foot should only be advocated as an extreme measure, and in cases where the parts are disorganized.

In wounds of the tibio-tarsal articulation, expectation (in the Crimea) gave a mortality of 49.91 per cent., but this is probably much too favorable, inasmuch as a large number of the men who recovered were not pensioned, and therefore escaped without ankylosis, which is almost equivalent to saying that the wound had never penetrated into the interior of the articulation. The English surgeons operated in six cases out of eight, when the ankle-joint was wounded, and of the two men treated by expectation, one died.

The American statistic only bears upon resection, of which 18 cases were reported, including 12 recoveries and 6 deaths. The reviewer thinks the Americans are unreasonable to call this result discouraging.

Amputations after wounds of the leg are even more fatal than in the case of the foot, the mortality being 70 per cent. Expectation was followed by 26.61 deaths in a 100. These results do not include fractures of the fibula alone, where the mortality is only 18 per cent. Where the nature of the wound necessitates amputation of the thigh, the chances have been still more against the patient; in the Crimea, the mortality was 90 per cent.

But in extremely grave fractures, that is, when the fragments were numerous, the loss of bony substance considerable, and burrows extended to the articulation, the chances were so great that the surgeon would be forced to finally have recourse to secondary amputation, that the primitive operation was found more successful than attempts at preservation.

The English were less successful in such attempts, even in fractures that were not extremely grave. The mortality was 36.27 per cent., and the mortality after amputations, though higher, was inferior to that observed by the French surgeons, being 50 per cent. The Americans again testify in favor of resection; the minimum mortality by amputation is 26 per cent., while after resections of the tibia it was 18.64, of the fibula 20, and of both bones 25.

After penetrating wounds of the knee, the mortality was enormous at the Crimea, and somewhat higher after expectation than when the limb was at once sacrificed—91.36 per cent. in the first case, and 89.63 in the second. The English hastened to operate as soon as possible, finding that secondary operations of the thigh after wounds of the knee, was very fatal. In America also, ten per cent more patients were lost by expectation than operation, although the mortality in both cases was less than at the Crimea—73.23 per cent. for operative, and 83.76 per cent. for conservative practice.

In cases of wounds of the thigh, the mortality after amputations has been frightful among the French, whether at the Crimea or at Paris, and amounts to 20 per cent. more than that resulting from expectation. This latter gives 63.39 per cent of deaths, the former 91 per cent. But in the English statistics, the mortality after expectation is mounted to 82 per cent., while that after primitive amputation was only 62.14. Similar results in America, where amputation loses 50.81 per cent. of the patients, expectation 63.42.—*Medical and Surgical Reporter*.

Injections of Morphia in the Pains and After-pains of Labour.

Dr. ERNEST KORMANN read a paper, on this subject, before the *Gesellschaft für Geburtshülfe*, at Leipzig, which gives very interesting results as obtained by this treatment. The author does not in the least hesitate to inject morphia for the relief of labour-pains, when they are severe, especially in primiparæ, and also in those subjects who have contracted pelvis. He employs a solution of the sulphate of morphia, three grains to the drachm; it does not require any acidulation to keep the salt dissolved. He gives from one to three injections during the course of a labour; usually only one, however. The doses employed range from about $\frac{1}{4}$ to $\frac{3}{8}$ grain, and he has never had reason to think they did harm. They do not appear to interfere with the steady progress of the labour, though they often reduce the frequency of uterine contractions, when these have been what English people call "niggling." He thinks that they may be used either during the dilating or the expulsive stage of the labour; the former process they often actively aid. It is a remarkable though intelligible fact, that patients who have been injected during labour seldom have *after-pains*; but when the latter have occurred, injection is a most useful and valuable agent in procuring that repose which is so necessary to restore the woman's strength after the fatigues of parturition. The locality which Kormann selects for injection is always the thigh. Besides the above general uses of the injection in parturient women, painful complications, and especially *cramps* of the muscles of the extremities, may be most effectively treated by this method.—*The Practitioner*, Nov., 1868.

EDITORIAL.

The Eclectic Medical College of the City of New York.

The Spring Session of this Institution will begin on Tuesday, the 9th of February, inst.; and continue fourteen weeks. Special pains will be taken to afford to students full opportunity for clinical instruction at the Hospitals, and other public institutions, in addition to the lectures given at the College. Whatever improvement or facility is feasible in the way of imparting knowledge, will be promptly furnished.

This is the only Institution in the Atlantic States, where full in

struction can be obtained in Eclectic Medicine and Surgery. It is essential, therefore, to the integrity, if not to the existence of the Reformed School, that a College of this character shall be maintained among us. Its prosperity assures the success, the growth, and future standing of the Eclectic Practice; the profession and the Institution are intimately allied, and will stand or fall together.

There can be no professional status for Eclectic Physicians where no proper facilities for medical instruction are maintained; they will most inevitably, whatever their merits, be universally regarded as empirics, pretenders, and narrow-minded, illiberal schismatics. Under such conditions, a few years would, and ought to, terminate their existence as a School of Medical Practice.

Intelligent, far-seeing and enterprising Eclectics will therefore concede the vital importance of these facts, and act accordingly. They will rally to the support of an Institution of their own faith, and aid it with counsel, patronage, and such other benefits as are within their power. Its success is theirs; its prosperity will be their pride and benefit in future time.

The terms of attendance are reasonable enough to make it easy for all to avail themselves of the advantages. The Lectures are \$100 per Term; a Matriculation, Demonstrators, and Hospital Fee being additional. In pursuance of the recommendation of the New York State Eclectic Medical Society, the Trustees have authorized the issue of Scholarships, enabling the holders to place students in the College at cheaper rates. In this way \$1,000 assures the attendance of a student at every term in perpetuity; \$500 a student at every term, or an equivalent attendance for ten years; and \$150 a student from Matriculation to Graduation.

Women desiring to study Medicine, are entitled to every privilege and facility which are afforded to students of the other sex. They are not only received, but are cordially invited, and welcomed. Every Eclectic Medical College in America of any character has done this; and the results have warranted persistence.

Friends of Eclectic Medicine: you are now asked to add your endeavors in this matter. The enterprise is yours; and you must assure its success. Aid in obtaining students; aid more materially as you can; and give that encouragement and countenance which will warrant hope and confidence.

The Eclectic Practice of Medicine, and Eclectic Medical Institutions, are indissolubly wedded, one and inseparable; the fate of one is the destiny of both.

NEWS AND MISCELLANY.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE seventh annual meeting of the New York State Eclectic Medical Society, was held at the Delavan House, Albany, the 27th and 28th of January, 1869.

The society was called to order at 10 o'clock A. M. The President, Prof. William Hadley, M. D., in the chair; prayer was offered by the Rev. Dr. Peck, of Albany.

The minutes of the last annual meeting, and also of the semi-annual meeting held at Syracuse in June last, were read and approved.

The roll of membership was called, and about 50 members responded. Dr. J. Edward Danelson was elected Assistant Secretary. The report of the Treasurer was then read, showing the finances of the society to be in a healthy and prosperous condition.

The Board of Censors reported favorably upon the admission of the following candidates for membership: Prof. J. M. F. Browne, M. D., New York; Dr. Alexander Wilder, New York; Dr. E. P. Huyler, New York; Dr. John H. Fitch, New York; Dr. R. E. Kunze, New York; Dr. O. H. Simons, Albany; Dr. R. J. Burton, Albany; Dr. H. D. Gross, Ballston Springs. The report was accepted, and the candidates were on ballot unanimously elected.

A resolution was adopted, on motion of Dr. M. M. Fenner, inviting his excellency, Gov. Hoffman and Staff, and the members of the Senate and Assembly, to be present at the delivery of the annual address in the Assembly Chamber in the evening. Drs. Hamilton, Martin, and Day, were appointed a Committee for that purpose. On motion of Dr. M. M. Fenner, a resolution was adopted to offer members of the Press facilities for reporting the proceedings, and extend to them an invitation to dine with the Society.

Prof. Edwin Freeman, M. D., the Chairman of the Committee on Surgery, read a lengthy and able report. Dr. Harman Pease, from the Committee on Obstetrics, read his report, and exhibited a new form of bandage which he had devised, and claimed for it special advantages. Dr. J. G. Fross, from the Committee on Medical Hygiene, presented an interesting and carefully prepared report. All of which were referred to the Committee on publication. Dr. J. A. Martin, from the Committee on the Position and Status of Eclectic Medicine, read a partial report, and was, on application, allowed farther time to complete it.

The President appointed Drs. Samuel Tuthill, D. E. Smith, and H. E. Firth, a Committee to nominate officers. Dr. J. W. Johnson, a delegate from the Connecticut State Eclectic Medical Society, and Dr. H. Day, a delegate from the Pennsylvania Society, presented their credentials, and were invited to participate in the proceedings of the society. On motion the society adjourned to 3 P. M.

AFTERNOON SESSION.

The society convened at the hour appointed; the President, Prof. Hadley, in the chair. Dr. King, of Saratoga Springs, exhibited a Vaginal Injector, and read an essay explanatory of its uses.

Received and referred, on motion, to the appropriate Committee.

The Committee on nominations made their report. The following named gentlemen were then elected officers for the ensuing year :

<i>President,</i>	-	Alexander Wilder, M. D.,	New York City.
<i>Vice-President,</i>	-	Edwin Freeman,	" "
<i>Recording Secretary,</i>		William W. Hadley,	Williamsburgh.
<i>Corresponding</i>	"	A. P. Parsons,	Forestville.
<i>Treasurer,</i>	-	D. E. Smith,	Brooklyn.

BOARD OF CENSORS.

Drs. P. W. Allen, S. Tuthill, R. H. Owen, J. M. Comins, J. G. Fross, H. E. Firth, P. A. Morrow, and M. M. Fenner.

Prof. Freeman offered an amendment to the Constitution creating the office of Librarian, which was received and laid over according to rules; Dr. J. H. Fitch, was elected Librarian for the ensuing year.

On motion of Prof. Freeman, an amendment to the By-Laws providing for the assessment of an annual tax of \$2 upon each member, was offered, received, and laid over according to the rules.

A resolution was passed, authorizing the distribution of 3 copies of the Transactions of the Society for 1867, to each member of the Society, and one copy to each member of the Senate and Assembly. A vote of thanks was tendered to the retiring officers for their services during their official term.

The President elect, Dr. Alexander Wilder, then took the chair, and addressed the society—:

For electing me to be your presiding officer, accept my grateful acknowledgments. The position was not sought or expected, but the honor is none the less prized. To occupy such a post, which has been so ably filled by others, is a reasonable object for any man's ambition; and assuming its duties, I promise my earnest endeavors to merit the confidence which you have so kindly bestowed. To your retiring President, Medical Eclecticism has been largely indebted.—To say nothing of his recent services, he was a pioneer in the enterprise of scientific medical instruction, when it required positive determination, when an Eclectic Physician was universally denounced as a quack or an empiric. The achievements which we have since witnessed for our cause, are therefore, in a great measure, his triumphs.

The progress of Medical Eclecticism for the last twenty-five years, is a vivid illustration of the rapidity with which public sentiment advances in our times. Glory upon the memory of Morrow, Jones, Newton, and others who caught from them their inspira-

tion, and bore onward the standard of Medical Reform till it was established upon its present impregnable and scientific basis. Then our practitioners were but a handful of men; now we are numbered by our thousands, and the ablest members of the medical profession in the Old World cheerfully give us credit for the valuable and innumerable contributions which we have made to Surgical science and to *Materia Medica*. In our own country our Homœopathic friends are drawing upon our treasury for additions to their own pharmacy, and honorably acknowledge the debt; and even the Old School, always jealous of any innovation that may foreshadow their supplanting in popular esteem, do not hesitate to substitute for their own "heroic remedies", the preparations which Eclectic Pharmacæutists have supplied from their laboratories. Although they endeavor to deny the source, and to denounce those who make for them their discoveries, their employment of our remedies is an eloquent testimony to our erudition and scientific attainment, and indicates that while for years every effort was made to kill the Prophets, there will soon be enterprises on foot to build sepulchres and monuments for the martyred.

A third of a century ago a reformed physician could not collect his fees by law, and practiced his profession under the daily terrors of criminal prosecution. Now, we are a chartered society, with our rights secured and protected by law, and the great public around us are anxiously enquiring in what our peculiar doctrines and practice consist. Podophyllin is 'official,' and a learned old physician a few days ago was asking a druggist for Leptandrin, and from what vegetable it was produced. The world has indeed moved.

Medical Eclecticism must no longer seek defenses. It must be aggressive. As a profession, as a scientific school, as having achieved its successes in treating the sick, the Eclectic physicians have asserted themselves the peers, if not the superiors, of those who have always been their rivals. They should now storm the very citadel which so far has been held against them. The law makes them the equals of the Old School before the public; but they should demand and secure recognition in official circles. They should secure their appointments on Sanitary Committees, Boards of Health, and as Health Officers. Their claims are as good as those of their competitors, if their scientific and other merits are equal. They are as *regular*. Their professional status should be as good. While, therefore, on the one hand adding to our fund of knowledge and professional attainment to the utmost extent of which the human intellect is capable, let us on the other, insist with loud voice upon honorable and official acknowledgment.

Thanking you once more for the honor which you have conferred, I will detain you no further, with any remarks.

On motion, the Society adjourned to meet at the Assembly Chamber at 8 P. M., to listen to the annual address by M. M. Fenner, M. D., of Jamestown.

EVENING SESSION.

A large audience, among whom were many distinguished members of the Senate, assembled to listen to the annual address upon the subject of "Liberal Medicine," by M. M. Fenner. The address was an able production, and was received with marked interest and attention. Prof. Paul W. Allen, on being called out, made a few happy remarks.

The Society adjourned to meet at 9 A. M., the 28th inst.

SECOND DAY.

Society convened at 9 A.M. A communication was received from Prof. Robert S. Newton, M.D., of New York regretting his inability to be present and expressing his sympathy with the objects of the meeting.

An essay on Pepsin was presented by Prof. J. M. Comins. A discussion followed on the subject of the paper, which was participated in by Prof. James Day, B. H. Aylworth, and J. M. Comins. The paper was referred to the Committee on publication.

Dr. H. E. Firth, read an essay on "Labor." Received and referred to the Committee on publication.

Dr. D. E. Smith presented a paper on Phthisis Pulmonalis. Drs. Fross and Martin, gave their views upon the subject. The paper was received and referred to the appropriate Committee.

A paper on Dyspepsia by Dr. C. C. Johnson and one on Arsenic, with reports of cases, by Dr. W. H. Bowlsby, were read by title and referred to the Committee on publication.

Resolutions in regard to the National Eclectic Medical Association and the National Eclectic Pharmacopœia, from Prof. Newton, were read and adopted.

Resolutions in regard to the Eclectic Medical College of New York City, from Prof. Newton, were read and adopted.

President Wilder, and Profs. Freeman and Day, spoke in regard to the duty of sustaining the College and using the influence of the Society to advance its interests.

The name of Prof. Joseph R. Buchanan, M. D., formerly of the Eclectic Medical Institute, was proposed for membership. The rule in regard to the admission of members was suspended, and Prof. Buchanan was unanimously elected a member.

Prof. Zophar Freeman, of Cincinnati, and Prof. H. D. Garrison of Chicago, were elected honorary members.

A resolution to appoint a Committee on Locations was offered by Prof. Paul W. Allen. The resolution was adopted and Prof. Allen was appointed such Committee.

A resolution of thanks to the Legislature for the use of the Assembly Chamber was adopted.

A vote of thanks was offered the members of the press of Albany, for publishing reports of the meeting.

On invitation, Dr. J. W. Johnson, delegate from Connecticut, addressed the Society. His remarks elicited much attention, and frequent applause.

Dr. Harman Pease, read an Original Poem which was well received. Referred to the Committee on publication.

A vote of thanks was tendered the Assistant Secretary, Dr. J. Edwin Danelson, for his services.

The President announced the following appointments for the next annual meeting.

ANNUAL ADDRESS, Prof. Joseph R. Buchanan, M.D.,—Alternate, Prof. J. M. F. Browne, M. D.

General Essayists, Drs. J. G. Fross, J. H. Fitch, and M. B. Hayden. *Committee on Surgery*, Drs. P. A. Morrow, M. M. Fenner and R. J. Burton. *Committee on Obstetrics*, Drs. H. E. Firth and J. M. Comins. *Medical Hygiene*, Drs. Orrin Davis, C. C. Johnson, and O. H. Simons. *Materia Medica*, Dr. D. E. Smith, L. Robens, and J. Martin. *Theory and Practice of Medicine*, Drs. L. Stanton, J. Y. Tuthill, and James Fenner. *Chemistry and Pharmacy*, Drs. James Day, and Wm. R. Hayden. *Progress of Eclectic Medicine*, Drs. P. W. Allen, Samuel Tuthill and W. H. Bowlsby. *Medical Instruction and Eclectic Medical Institutions*, Drs. E. Freeman and A. P. Parsons. *Medical Statistics*, Drs. L. Stanton and C. C. Johnson. *National Pharmacopoeia*, Drs. R. S. Newton, W. W. Hadley and James Day. *Committee of Correspondence for the National Convention*, Drs. R. S. Newton and W. M. Hadley.

DELEGATES TO NATIONAL CONVENTION, Drs. A. Ford, J. G. Fross, H. E. Firth, P. A. Morrow, H. Pease.

DELEGATES TO ECLECTIC MEDICAL SOCIETIES. *Massachusetts*, Drs. R. S. Newton, Wm. R. Hayden. *Maine*, Drs. P. W. Allen and H. E. Firth. *Vermont*, Drs. James Day and J. A. Martin. *Connecticut*, Drs. Sam'l Tuthill and P. A. Morrow. *Pennsylvania*, Drs. D. E. Smith and A. W. Russell. *Illinois*, Drs. M. M. Fenner, A. P. Parsons. *Indiana*, Drs. J. M. Comins and J. G. Fross. *Ohio*, Drs. E. Freeman and J. Y. Tuthill. *Iowa*, Drs. O. H. Simons and Noah Dean. *Canada*, Drs. W. W. Hadley and J. M. F. Browne.

It was resolved to hold the semi-annual meeting in New York City, the 24th and 25th June, 1869.

The following appointments were made :

Essayists for semi-annual meetings, Drs. H. C. Gazlay, B. F. Genung, J. M. Comins, C. T. Greenleaf and J. N. Betts. *Committee of Arrangements*, Drs. J. M. Comins, P. A. Morrow and J. H. Fitch.

The Society then adjourned.

[Reported for The Review.]

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

THE 8th semi-annual meeting of the Massachusetts Eclectic Medical Society, was held in Boston, at the Revere House, on Wednesday, Jan. 13, and was called to order by the President, Dr. John Stowe of Lawrence, at 10 o'clock, a. m.

The reading of the records was dispensed with until the next annual meeting.

Prof. James Day, Delegate from New York Eclectic Medical College, was introduced to the Society; also Dr. R. Moore, of R. I.

The thanks of the Society were voted to the Eclectic Medical Society of the State of N. Y., for fifty copies of its Transactions for 1867.

Dr. Milbrey Greene, of Boston Highlands, read an elaborate essay on "The Medical and Surgical uses of Carbolic Acid."

The thanks of the Society were voted Dr. Greene, for his able paper, and it was referred to the Committee on Publication.

Drs. J. D. Young, of Lawrence, and B. S. Warren, of Concord, N. H., were admitted to membership in the Society.

Dr. J. W. Towne, of Charlestown, presented an able paper on "The Therapeutic Properties of Prussiate of Potassium." He has found it of great value in nervous debility, and headaches, arising from lactation; also in asthma. His favorite formula is \mathcal{R} prussiate potassium, \mathfrak{z} iv; aquæ ferv., \mathfrak{z} ii; syr. simp., \mathfrak{z} ii; tinct. gaultheriæ, 3 ss.; M. S. Dose, teaspoonful four times a day.

The thanks of the meeting were tendered to Dr. Towne, for his interesting paper, and it was referred to the Committee on Publication.

A communication was read from Prof. R. S. Newton, of N. Y., on the uses and value of the Concentrated Remedies; and the thanks of the Society were tendered him for the communication.

Dr. Humphrey, from the Committee on Concentrated Remedies, made a partial report, and asked for further time, which was granted.

At 2 o'clock, the Society adjourned for the semi-annual dinner; and after passing an hour at the abundantly supplied tables of the Revere House, they reassembled for business, the President occupying the Chair.

"The Relative Value of the Concentrated and Crude Remedies," was then discussed by Drs. Andrews, Aldrich, Humphrey, Garvin, Jillson, Wheeler, Towne, and Miles. All were satisfied that there was much uncertainty as regards the value of some of the concentrated medicines, though the opinion was general that the Hydrastin, Podophyllin, and many others, were quite reliable.

Prof. Day, gave a statement of his views relative to the value of the concentrated medicines (powders). As a whole he has but little confidence in their efficacy.

The Executive Committee recommended that the subject of the "Relative value of the Concentrated and Crude Remedies," be taken up at the next annual meeting, and Dr. Buxton, of Worcester, and

Dr. Wheeler, of Leonminster, were appointed to open the discussion.

Drs. W. E. Rogers, J. H. Wright, H. G. Newton, and J. D. Young, were appointed essayists for the next meeting.

At 6 o'clock p. m., the meeting adjourned to meet in Boston, on the first Thursday in June next.

C. E. MILES, M. D., *Recording Secretary*.

[Reported for The Review.]

THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY,

HELD its 8th annual meeting at the residence of Dr. Joseph Jackson, 2 St. James Avenue, on Tuesday evening, Jan. 12, Dr. T. H. Smith, Vice-President, in the chair.

After completing the general business, the Society proceeded to elect the following officers for the ensuing year, as follows:

President, O. M. Humphrey, M. D. *Vice-President*, Milbrey Greene, M. D. *Secretary*, C. E. Miles, M. D. *Treasurer*, J. W. Towne, M. D.

Board of Examiners, H. G. Barrows, M.D., Joseph Jackson, M. D., W. E. Wright, M. D.

Dr. Humphrey, President elect, was welcomed to the Chair by Dr. Smith, who responded in a few well chosen remarks.

Drs. H. G. Newton, and H. G. Barrows, were appointed essayists for the next meeting.

Dr. Milbrey Greene read a paper on "Scarlatina and Diphtheria, and the similarity of their nature and treatment."

A prolonged discussion followed the essay.

A bountiful supper was provided for the Society by Dr. Jackson, at the close of the discussion.

After supper, the Society reassembled and passed a vote of thanks to Dr. Jackson, for his entertainment; and also for his long continued efforts in behalf of Eclecticism.

The Society adjourned to meet at the rooms of Dr. T. H. Smith, Quincy House, on the first Tuesday in February next.

C. E. MILES, M. D., *Secretary*.

SULPHITE OF SODA IN CHRONIC CYSTITIS.—Mr. L. WILCOX, late house-surgeon of King's College Hospital, recommends the use of sulphites in those cases of chronic cystitis where the urine decomposes before it is eliminated. He finds that by the employment of the sulphite all the putridity disappears, and the urine becomes clear and colorless.—*The Practitioner*.

THE EXTERNAL APPLICATION OF IODIDE OF POTASSIUM.—Mr. JAS. HIRD, of Pembroke, recommends the following formula for the external application of the iodide. Take of glycerine, 3j; iodide of potassium, $\frac{5}{8}$ ss; best yellow soap, $\frac{5}{8}$ ss. Rub up the iodide thoroughly with the glycerine, and then add the yellow soap. This application

is found to be very active in removing glandular tumors, &c.—*The Practitioner*.

ANTIDOTE TO CARBOLIC ACID—Dr. CRACE CALVERT states that in poisoning with this acid, the best antidote, after the stomach pump, is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and consequently a diluent of carbolic acid, and may be used to stop the corrosive effect of the acid when its action on the skin is too violent.—*Journal of Cutaneous Medicine*, Oct. 1868.

FATAL INJECTION OF A NÆVUS WITH PERCHLORIDE OF IRON.—Although coagulating injections, in the treatment of nævi, have been recommended by the highest authorities, it should be borne in mind that their use, even in minute quantities, is not devoid of danger. Professor SANTESSON, of Stockholm, has added (*Journal für Kinderk.*, 1868, No. 3) another to the list of recorded fatal cases caused by this procedure: An infant, aged eight weeks, was brought to him on account of a large nævus on the cheek, which was increasing with great rapidity. It was too deeply situated to allow of success from vaccination to be hoped for, and it was resolved to inject it with the perchloride, a means which had proved successful in other cases, and up to that time had never given rise to any mischievous effects. The tinct. ferri oxymur. of the Swedish Pharmacopœia was employed, the syringe holding from eight to ten drops of the tincture. The canula was first introduced in a vertical and then in a transverse direction, using about half the contents of the syringe each time. While this was being slowly withdrawn the child suddenly ceased to scream, and was observed to be cyanotic and breathing with difficulty. Convulsive movements followed, but, in spite of all restorative measures, in a few minutes the child was dead. At the autopsy the spongy texture of the tumour was found to have been rendered firm by coagulation of the blood. The facial vein and its roots were empty, and no coagula were found in the upper part of the jugulars; but in the lower part of their course, towards the aperture of the chest, the blood was for the most part coagulated. The coagula continued, becoming, too, more solid, into the subclavian and vena cava, and the right cavities of the heart were distended with them. A little coagulum existed in the left auricle, and the muscular substance of the heart was well contracted. The lungs were gorged with blood, especially at the posterior parts. Post-mortem appearances, and the symptoms during life, leave scarcely any doubt that the point of the canula must have penetrated into some venal branch, possibly the facial vein itself, the three or four drops injected giving rise to the coagulation observed.—*The Medical Times and Gazette*, Sept. 19, 1868.

EXTRAORDINARY CURE OF EPILEPSY.—A most extraordinary case was communicated to the Surgical Society of Ireland by Dr. Kir-

head, of Tuam, at their last meeting, the details of which we shall lay before our readers in the reports of the Society next week. A patient had been subject to epileptic fits, and had been treated without benefit for them. Being taken suddenly in one of the attacks, the patient fell with the head against the bars of the grate, and sustained very severe burns over the parietal bones. After a protracted illness, the parietal bone became detached and exfoliated almost entire, and the patient recovered, cured of the epilepsy but minus the parietal bone, and with no protection for the brain but the cicatrized integument.—*Dublin Med. Press & Cir.*

INFLUENCE OF DIGITALIS ON THE PULSE.—DR. CONSTANTIN PAUL has published (*Bulletin Gener. de Therapeutique*, tome lxxiv., 1868) a research on the influence of digitalis on the pulse, in which his principal results were obtained by the use of the sphygmograph. He thus states his conclusions: Digitalis, in small doses, generally diminishes the frequency of the pulse; in large doses it increases it.—When digitalis is exhibited in such doses as to produce its hyposthenic effects, it lowers the arterial tension; and the contrary effect may possibly be produced by very small doses, as some investigators have asserted. Finally, it is probable that digitalis raises the arterial tension when it diminishes the frequency of the pulse, and that it lowers this tension when it increases the number of the pulsations.—*Journ. Anat. and Phys.*, Nov. 1868.

CAPSICUM IN DELIRIUM TREMENS.—A further experience (see Nos. of this Journal for July, 1866, p. 241, and January, 1867, p. 248) has confirmed Dr. LYONS in his opinions of the value of capsicum in delerium tremens, more especially in those cases in which opium has been already tried and failed to produce sleep.

“In a considerable number of cases, Dr. Lyons has found that a single dose of capsicum—twenty to thirty grains, according to the urgency of the symptoms—suffices to produce rest, sleep, and consciousness. In exceptional instances, however, a second and even a third dose has been required, before full tranquility was produced.—Thus, in a case recently under treatment in the Hardwicke Hospital, the patient, after a period of tranquility, had, as it were, a relapse into tremor and delirium, on two distinct occasions, and required a second and third dose of the drug, when eventually full relief to all the symptoms was produced, and the patient was pronounced well.

“As a practical point, it would seem worthy of special comment, that Dr. Lyons has found that the drug is well borne, and tranquillizes the stomach in cases in which irritability and vomiting are present as a very troublesome complication. In several such instances, the administration of the drug has been followed by immediate relief to the gastric symptoms.

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ORIGINAL COMMUNICATIONS.

Fourth Annual Commencement of the Eclectic Medical College of the
City of New York.

THE Commencement exercises of the Fourth Session of this Institution were held at the College Building on Thursday evening, Feb. 4th, 1869, before a crowded and highly intelligent audience.

Prof. Robert S. Newton introduced the Rev. D. K. Lee, who opened the exercises with prayer.

The Report of the Session just closed was then read by the Secretary of the Faculty, Prof. Paul W. Allen.

REPORT OF THE SESSION.

We are assembled this evening to hold the Commencement Exercises of the Fourth Session of the Eclectic Medical College of the City of New York.

From the date of our charter, April 22, 1865, until now, the progress of our educational enterprise has been regular and permanent. We believe it can be truly said that the College has never excited any expectations to solicit the approbation and patronage of the profession and of students of medicine which it has not amply fulfilled.

The Session just closed, has been eminently harmonious

and pleasant. So far as the Faculty know, the entire feeling of the Class has been that of mutual courtesy and fraternity to each other; of respect and kindness to their teachers; and of constant and earnest enthusiasm in the pursuit of the knowledge of their chosen profession. Our belief is that every student has been industrious in his studies, has carefully avoided every outside excitement which might attract his interest and attention, and has devoted himself, or herself, to the thorough acquisition of Medical and Surgical Science.

Very rarely indeed has any student been absent from any lecture given by either of the Professors; and all have seemed anxious, day by day, to gather such definite ideas of our teachings, that they could thoroughly understand us, and thus be prepared to use such knowledge in the actual and responsible duties of the profession.

Our class has been small—twenty-seven matriculants and only seven graduates; and yet we feel that the influence of our instructions will tell on the medical welfare of thousands of families of the afflicted.

Of this number, six were ladies; and it is proper in this connection to state that, by making provision for their separate instruction in dissections, and in a few lectures, all objections to the joint education of ladies and gentlemen in medicine and surgery seem to have been entirely removed. The attendance of ladies has in no way hindered the usefulness of the course of lectures, and their presence has added greatly to the social and refined enjoyment of all. We know not what may be the future action of the College in this respect, but it is not too much to say, that in the experience of the session just closed, it has been an agreeable and perfect success. It can scarcely be supposed that any lady who aspires to the sacred duties of the physician will be less than a lady; and no man has the least right to be a physician who is less than a gentleman.

Among our students have been those who have devoted many years of study to their profession, and have performed its duties to a limited extent; and some of these have prac-

ticed other systems of medicine, and have only attended our College because the intelligent convictions of their experience have led them to believe that the Eclectic Practice is entirely more successful and more scientific than either Allopathy or Homœopathy.

From conferences which the Faculty have had with Physicians who visited the city, and from correspondence with a still greater number, in many different States, we distinctly infer that a large proportion of the students of this College for the next ten years, will be those medical gentlemen who have heretofore studied and practiced other systems—some of them for many years. We invite all such to test our system, as it shall theoretically approve itself to their reason, in its teachings; and as it shall prove itself successful, in its practice.

This College has now graduated about fifty physicians, aside from its honorary and *ad eundem* graduates; and these physicians are mostly settled in a useful and lucrative business, and are attracting to themselves the respect of the public and the gratitude and confidence of the afflicted. Promising fields of usefulness are now open to many more Eclectic physicians than attend this College, and the inducements to enter the Medical Profession were never before so great as now.

New York is a better field for the observation of medical students than any other city; its hospitals embrace every class of invalids; its dispensaries illustrate every variety of chronic disease; its clinics are now at least as varied as those of any European city; and the opportunities of studying specialties, under teachers who have long devoted themselves to perfecting their knowledge of particular diseases, is nowhere excelled.

The Eclectic Medical College of the City of New York is becoming much better known every year; and the Eclectic Medical Societies of Maine, Vermont, Canada, Massachusetts, Connecticut, New York, and some other States, have endorsed our College by such action as shows their fullest confidence in the scientific character and practical value of

our instructions. This institution had never before as many friends as it has to-day.

We cannot close this Report without referring to one other topic. This College would wonderfully enlarge its usefulness, if it could receive such an endowment, at once, as would free its building from debt, enlarge its cabinets, and add to its apparatus for the illustration of the medical sciences. A few intelligent friends, in different States, fully realize this; and what better benefaction could humanity and wealth make than to endow such an institution with the means of enlarged usefulness—an institution which has now the full confidence and patronage of the public; an institution whose medical doctrines and practice are fast securing the confidence of physicians, and of the American people; an institution devoted to the advancement of that science which is dedicated to the saving of life and the relief of suffering. Missionary and educational enterprises receive the honorable and generous benefaction of hundreds of the wealthy and the poor, and distinguish our age as the age of charity and brotherhood, of enlarged humanity and usefulness. Who will stand forth, and by their munificent generosity, establish, in the fullest success, an enterprise second to none in its service to the human race!

Prof. Newton then announced the names of the following successful candidates for graduation:

Wm. Archer, New Jersey, H. E. Archer, New Jersey, M. F. Linquist, New York, Homer L. Sweet, New Hampshire, Isaac S. Miller, New York, George O. Starr, New York, T. C. S. Berry, Maine.

The Diplomas were conferred by the President of the Board of Trustees, Dr. Alexander Wilder, who addressed the graduates as follows:

DR. WILDER'S REMARKS.

By the recommendation of your instructors that you are duly proficient in scientific and other attainments, and in the name of the Board of Trustees of this College, I now confer

upon you, each and severally, the degree of Doctor of Medicine, with the rights, immunities, privileges and honors that pertain to that distinction ; and in testimony of this, now present you with these diplomas.

The profession which you have selected is founded upon a want of society, and requires from the practitioner all the enthusiasm, the energy and persistence of which he is capable. It should not be permitted to hedge in and circumscribe your ideas, but to expand them, that you may extend your observation into every field that human thought can enter. Be intelligent upon every subject. There is an infinitude to learn compared to what is now known. Rest content with nothing short of thorough proficiency. You will take your position at the head or foot, or wherever you place yourselves, by the thoroughness of your skill and erudition. You must become really scientific, conversant with those knowledges that are not often mastered in schools, or learned from books.

The earliest pupils held in veneration the healing art. Its practitioners were the ministers of religion, priests of the temples, initiated with imposing ceremonies and obligated with the most solemn oaths. Their powers transcend those of other men. Orpheus entering the world of the dead, arresting with the music of his lyre the punishments of Ixion, Tantalus, Sisyphus and the Danaïd sisters, and calling back his deceased wife from among the shades ; Æsculapius restoring dead men to life ; Apollonius healing men with a touch ; the alchemists prolonging life to an indefinite duration—all were symbols and represented the thaumaturgical power supposed to be exercised by physicians. They were believed to be inspired by the gods and capable of reading human destiny in the firmanent. They bore in the eastern countries the title of magi and *Hakim*, or wise men, and their learning was venerated as pertaining to and being the transcendant wisdom of the immutable disposers of the material universe.

Science in modern times has divested our profession of these miraculous endowments. The cloak of the alchemist

is laid aside, and with it the faith in an *elixir vite*, leaving the physician in a great measure shorn of his locks and mysteries, and occupying a plane of life similar to other men. Nevertheless, do not forget that the art of healing is not the mere employment of material forces. There is no such mathematical problem set as this: given, a certain diseased condition; add so much medicine, and the result will be certain restoration to health. Other conditions and agencies are included. You are yet students upon the threshold of your profession, having its principal knowledges yet to acquire.

Macbeth demanded it of his physician, and you must learn how to 'minister to a mind diseased,' as well as to prescribe for the ailments of the body; to distinguish between the fanciful and the philosophical;

"know with certainty
What are the properties of the soul;
Of what fashion are its members,
What region is its abode,
What breath, and inflowing sustain it."

The true physician is the priest of Nature, the minister and interpreter of Nature's great author. His lore comprises all that men need learn—from the all-sufficient source, the laws which direct the universe clear down to

"The healing herbs where no delusion is."

The Eclectic School of Medicine, the doctrines of which you have embraced, is yet in its early adolescence. It has thus escaped being loaded down with the useless rubbish of former times, while retaining the power and capacity to select and retain what was indeed valuable and worthy to be preserved. But it has not sought its choicest treasures in that dunghill. Never having been placed on the rack and dislocated in every joint and faculty by an arbitrary code of medical ethics, it has pushed investigation into fields which others had never explored. In the ardor for new knowledge herbariums have been crowded on their every leaf, novel remedies in profusion have been obtained from plants generally the in-

digenous flora of the western hemisphere, and chemistry has been pressed into service to enrich our pharmacopœia. Every other school of medical practice has come to us for knowledge. The Homœopathists have subjected the new remedies to their provings with most gratifying results; and the ablest medical scholars of Europe read our books, import our medicines and use them, acknowledging the source from which they came. In time, the same thing will be true in our own country, and then our prophets will not be without honor.

In engaging upon the active labor of your profession, accept the requirements with conscientious regard to what is due between you and those with whom you are thus brought into intimate relations. Let no unworthy motive overcome your fidelity. Be courteous in your deportment; correct in your language; refined in your sensibilities. Perform every office with zeal, faithfulness and delicacy. It is your vocation to minister health, hope and solace; magnify it by your every effort. Remember kindly your *Alma Mater*; with her welfare and reputation your future career is closely and almost vitally interblended. Your achievements are her glory; and her prosperity is essential to your professional success. Render back something, some effort, some endeavor, kind words and acts, for the institution where you have been instructed. We extend to you also our best wishes that your future may be happy and useful, your career honorable, your exertions successful. By fidelity, earnest persistence, discretion, fill up the volume of your life. Push your inquiries in every direction, reverently add to your knowledge and sagacity, till you realize the ideal which the name of *physician* manifestly implies for it—the minister of Nature and her interpreter to mankind.

Brief addresses were then made by Prof. Robert S. Newton, Rev. D. K. Lee, Dr. John Stowe, of Mass., Henri L. Stuart, Esq., Corresponding Secretary of the Board of Trustees, and others.

The Valedictory address in behalf of the graduating class was made by Homer L. Sweet, M. D. It was an exceeding-

ly interesting and choice production, and elicited the most gratifying tokens of satisfaction.

The charge to the graduates in behalf of the Faculty was pronounced by Prof. Edwin Freeman, M. D., from which we make the following extracts :

REMARKS OF DR. FREEMAN.

According to a time-honored custom, the observance of which is perhaps not improper, I have been appointed by the Faculty to address a few words to you. The occasion is not one of sadness, neither is it one of joy. For why should we be sad, since so many free, earnest, bold and liberal spirits are this evening born into the medical profession, to search after truth and make her their own; as well as to grapple at the throat of medical intolerance and bigotry, and aid in crushing out of existence, such deadly foes to advancement and reform. Neither should we be joyous, since you, with whom we have had almost daily intercourse for so long a time, are to depart from our sight—perhaps forever. We trust that it may not be forever, but that often there may be found inducements strong enough to call you to this great city, where this pleasant acquaintance may be renewed.

In granting you medical diplomas, the Faculty and Board of Trustees, do so, after you have completed the term of study required in the charter of the college, and fulfilled all the other conditions and requisitions of that charter. These are the same as those of other medical colleges.

You therefore go out, authorized by the highest power in the State, to practice your profession; and you are guaranteed, by the Constitution of the United States, the same privileges and immunities as well as the same rights in all the States, that are given to you in this State.

In the lecture terms which you have attended, you have listened to complete and systematic courses of lectures on all the various departments of medical science: you have read the best and most accepted text-books on the various subjects treated of in those departments; and now these

crowning honors make you regular graduates in medicine, and graduates, too, of a respectable regular medical college.

Hereafter, I hope when this is denied by any one, you will challenge him who makes the denial of it, to the proof to the contrary, for you are entitled to enjoy all the rights and immunities which belong to a regular graduate of medicine. This would be of no particular moment, were it not for the false impression made upon those who do not understand the real merits of the question, and whose patronage you may desire. They, observing that a certain class of physicians only, claim, and are seemingly tacitly allowed to be styled *regular*, and judging that they, only, are therefore regular, and that all truth and progress in medicine should be among them, may conclude that all such qualities do belong to them, and to them exclusively. This delusion you must persistently combat, and show, as you can, conclusively, that those same self-styled regulars in medicine have always in the past, as they do now, opposed with all the power they possessed, even to violent persecution, any innovation upon the regular practice. They opposed the new doctrine of the circulation of the blood, which is so familiar to you all now, because it was an innovation, and persecuted its author with the most remorseless hate. When vaccination was first introduced its distinguished discoverer met with a similar reception. So too at a later day, when it was discovered that there was another way, better than the *regular* one of blood-letting and salivation for curing disease, the author of that, and all who believed in him, were mercilessly persecuted and even thrown into prison for daring to deviate from the beaten track.

Gentlemen, the little cloud no bigger than a man's hand that then rose on the clear horizon of their view, is now becoming of vast dimension and threatening the time worn hull of their crazy ship with quick impending destruction.

The light of the life-awakening sun shines in through the rents and fissures, and we see the effect in the quickening into life and growing up into the stateliness of freedom

and independence, of many minds formally enthralled and enchained in the slavery of error.

But why such persecution because it is sought to discover something unknown? Is not the world full of hidden truths, for which thousands of earnest minds are seeking all the earth over? Is it at all probable that we were made to stand still and be always satisfied with what we are, and what we have? Is not every department of science making prodigious efforts to delve into the hidden things, and make what is, more perfect? And can it be possible that, as physicians, we can be satisfied that we know and use the best possible agents in the treatment of disease? Is it not presumption for any man or set of men—to say that what they know is all there is to be known and what they cannot discover no one else has the power to discover?

The Eclectics seek to improve the practice of medicine, and that, indeed, should be the end and aim of all the investigations in medical science. This is best done certainly by improving the agents that we use, by culling out and discarding the dangerous ones, and substituting for them those that are less harmful, and thus we may accomplish some of the great good for which the science and art of medicine was instituted.

You go out from us to a new sphere of duty. Be liberal! be independent! be not satisfied with your present stock of knowledge, but seek it from every source. Gain knowledge and treasure up experience. Knowledge will be to you power, and experience will enable you to best apply that power. Do this, and if nature has endowed you with good intellects and you have the manliness and courage to fight your own battles, you will make for yourselves not only reputations—but an indelible impression on the record of the present.

We counsel you to study well every case that presents itself to you. Make your diagnosis correct, even if you have to keep the prognosis to yourself. Be careful as you approach the sick bed. Let not constant familiarity with sickness encrust your finer feelings or harden your more delicate

sensibilities. Be as careful with your patients as you would like to have another be with you when sick and racked with pain. How common it is for physicians and surgeons to seem to be rough and hardened to feeling. Be you not so, but speak pleasantly, move around softly and handle your patient gently; and you will have your reward. Be *gentlemen always* and everywhere, for you have no right to be otherwise. Make not light of the confidence reposed in you. Let those secrets which your patients may confide to you, be held sacred and inviolable. Be the comforter of the comfortless,—the joy of those who may be cast down,—the good adviser of those who have gone astray,—and in all the activities of your lives, in your incomings and outgoings, and in all that you may do, be temperate in all things, and patient and earnest worshippers at the shrine of truth. Let not the wine cup allure you into the fatal vortex which leads to drunkenness and all its woes. And finally, be faithful and humble followers of him who was the great Physician, whose example we may all follow. With these few remarks we bid a final adieu, and we can assure you that you have our best and heartiest wishes for your greatest success, hoping also that you will bear in mind the teachings you have received here, and that your Alma Mater may always be held in kind and pleasant remembrance, and that she may be the object of many of your well-directed efforts for her support and perpetuity. Again we bid you adieu.

The Protein Compounds.*

BY J. M. F. BROWNE, A. M., M. D.,

Professor of Physiology and Pathology in the Eclectic Medical College of New York.

PROTEIN is the name given to a substance obtained by chemical analysis from globulin, gluten, caseine, fibrin and albumen; and the five substances just mentioned are known as “the Protein Compounds.” The term protein is of Greek

* Extract of a Lecture delivered before the Class in February, 1869.

origin, and signifies "*basis*," "*starting point*" or "*beginning*:" it is derived from the adjective *πρῶτος* *first*, or from the verb *πρωτεύω* *to take the first place*. Protein was discovered by Mulder, who regarded it as the basis of all the tissues, and named it in accordance with that idea. When dry, it is yellowish, hard, tasteless, readily pulverizable, and insoluble in water and alcohol. Its formula is C 36, H 50, N 8, O 10. The process by which it is obtained is this;—dissolve any one of the protein bodies in a moderately strong solution of caustic potassa, and heat the mixture to a temperature of 120 degrees, then saturate it with acetic acid, and protein will be separated in the form of a gelatinous semi-transparent precipitate. It matters not which of the bodies is made the subject of experiment, the substance resulting is invariably the same. The protein compounds, therefore, must be regarded as protein, modified by the addition of certain proportions of sulphur or phosphorus or both. Each of them merits particular notice.

Globulin.—This organic substance, found only in the blood, is the constituent element of the globules, and forms the principal part of their mass or bulk. It is the colorless substance that remains after the hæmatine is extracted. Globulin is an albuminous body: Robin and Verdeil regard it as albuminose; Lecanu thinks it identical with albumen; Mulder and others place it among the protein compounds. It is certainly closely allied to albumen, resembling it in coagulating at a temperature of 212 degrees, and differing from it, in not coagulating, when brought in contact with alcohol. In its natural condition globulin is nearly fluid. It is insoluble in the serum of the blood, but very soluble in water; and the water in dissolving it, destroys the globules.

Gluten.—This compound is a proximate principle of vegetables. It is a soft, grayish-white, elastic substance, insoluble in water and alcohol, but soluble in vegetable and weak mineral acids at a high temperature. Gluten is what remains of wheaten dough when the gum, starch, sugar and albumen are removed. It may be obtained by exposing to a stream of water, a quantity of flour, wrapped in a coarse

cloth. The water washes away the gum, starch, sugar, and albumen, and leaves the gluten in the form of a viscid, coherent mass. If exposed to a moist atmosphere, it putrefies; if to a dry atmosphere, it becomes hard, brown, and fragile. Gluten is contained in the various cereal grains in greater or less abundance, according to soil and the mode of cultivation. In wheat, the quantity vibrates from 12 to 30 per cent; in rye, from 7 to 10 per cent; in oats, from 4 to 8 per cent; in Indian corn, from 3 to 6 per cent; and in Irish potatoes, from 3 to 4 per cent. It is to the gluten it contains that wheaten flour owes its superiority over other farinæ, for the purposes of making fermented bread, crackers, and cakes, and for the manufacture of macaroni, vermicelli, and similar pastes.

Caseine.—This compound is common to animals and vegetables: in the latter it is found chiefly in leguminous seeds, as peas, beans and lentils. In animals it normally exists in milk only. In lactating women, however, it may appear in the blood, if the secretion of milk be arrested: and Prout noticed it in the urine of a delicate child whose food consisted chiefly of milk. Caseine is the only nitrogenized constituent of milk, and exists in that fluid in the proportion of from 2 to 4 per cent. It is more abundant during an animal than a vegetable diet, and the quantity increases as lactation proceeds. In constitution and properties it resembles albumen, but differs from that substance in holding in solution a larger percentage of phosphate of lime; and in being coagulable by all the acids, and also by alcohol, but not by heat. Caseine is the coagulable principle of milk and the basis of cheese. It may be obtained by allowing the milk to remain at rest until coagulation takes place, skimming off the cream and then washing and drying the clot. It is very perfectly coagulated by the action of a substance known as rennet, which is simply the dried and salted abomasus or fourth stomach of the calf. About the nature of that action there is a difference of opinion. Some suppose that the pepsin in the rennet acts catalytically, coagulating the caseine by the mere influence of presence. Others maintain that the rennet converts the lactin in the milk into lactic acid, and that the

lactic acid unites with the alkali holding the caseine in solution, and thus causes the precipitation of the latter in the solid form. The percentage of caseine in milk is different in different species of animals. Women's milk contains 1.52 per cent, goats' milk 4.02, ewes' milk 4.50, asses' milk 1.82, cow's milk 3 to 4.48.

Caseine is the great histogenetic material in infantile food. As the tissues of the chick within the shell, are built up from the yolk of the egg, so the tissues of the young mammal, during the period of lactation, are developed from the caseine and other elements of the milk.

Fibrine.—This compound is common to animals and vegetables. It is a white, solid, flexible, highly elastic substance without taste or smell, insoluble in water, alcohol and acids, but soluble in caustic potassa. It is found, in its natural fluid state, in blood, chyle and lymph, and in inflammatory exudations. In the blood it constitutes about 3 parts in 1,000, but the quantity varies in different parts of the circulation. The jugular vein, for example, contains more of it than the portal, the portal more than the splenic, and the splenic more than the hepatic. There is rather less in the blood of man than in some of the lower animals, and, generally speaking, there is less in the blood of the carnivora than in that of the herbivora. It is more abundant in the blood of birds than in that of any other animals. Fibrine may be obtained either by beating blood with a rod, to which it will adhere in filaments, or by washing a clot in clean water so as to dissolve out the hæmatine or coloring matter. Chemically speaking, fibrine does not differ *essentially* from albumen. It probably contains one atom less of sulphur and one atom more of oxygen, but in other respects it is isomeric with it. The most important difference between them is, that in the act of coagulation, fibrine shows a definite structure known as *fibrillation*; albumen does not. The conglum of fibrine is invariably marked with fibres, that of albumen is never so marked, and is always either hyaline or minutely granular.

Fibrine gives to the blood its power of coagulation, and

in fibrine the life of the blood partially inheres. Until quite recently, fibrine was regarded as the only histogenetic element of the blood. Now, however, many eminent physiologists regard it rather as the element first organized, than the only organizable element, in the plasma. They think that fibrine never rises to a higher organization than mere simple fibre; that, in that capacity, it outlines or shadows forth the future tissue and then disappears; and that the tissue is developed from albumen and the other immediate principles. They regard fibrine as the matrix or mould in which the tissue is cast, rather than the material of which it is made.

Albumen.—Of the whole protein group albumen may be taken as the type and most important member. It is found both in animals and vegetables. Vegetable albumen differs from animal albumen, in not coagulating by heat, and from fibrine, in dissolving in water. Animal albumen exists in two forms, fluid and solid. It is found solid in the brain, nerves, and spinal cord, and also in the mucous membranes, which are thence called albuminous tissues. It is found fluid in the serum of the blood, in the lymph and chyle, in all the serous secretions, the liquor amnii, and the aqueous and vitreous humors of the eye. It is present also in the fluid which may be extracted by pressure from the muscular tissue. That form of it which is found in the blood is termed *seralbumen*, that found in eggs, *ovalbumen*. Albumen is without color, taste or smell, and coagulates by heat, by acids and by alcohol. It coagulates at a temperature of 145 to 160 degrees Fah., but when in very dilute solution, a temperature of 212 degrees will be required to solidify it. It coagulates also by contact with alcohol, ferrocyanide of potassium in an acidulated solution, creasote, tannic, nitric and all the mineral acids, except the phosphoric. Phosphoric acid, and all the vegetable acids, except the tannic, dissolve it when solidified.

The albumen of the blood varies in quantity from 60 to 70 parts in 1,000; the albumen of the chyle, from 30 to 60 parts in 1,000; while that of the lymph amounts to only

about 4 parts in 1,000. The quantity of albumen is greater in venous than in arterial blood, and physiologists say that the proportion increases during digestion.

Albumen is the great histogenetic element of the blood—the plastic material by which the tissues are nourished and the waste of the system repaired.

52, BOND STREET, New York.

Retro-Peritoneal Abscess.—Case in Practice.*

BY P. ALBERT MORROW, M. D.

I HAVE thought that the details of a somewhat remarkable case of retro-peritoneal abscess, occurring in the practice of Dr. Newton and myself, might not prove uninteresting. Nearly three months since, we were called to see a man who had been suffering for several weeks with a chronic affection, the precise nature of which, his previous medical attendant had not been able to determine. He had had a severe attack of dysentery which left him extremely prostrated. When we assumed charge of the case he was quite feeble; much emaciated, appetite poor, had copious night sweats and complained of an intense pain in the left lumbar region. On examination, there was found a large swelling extending from the lumbar portion of the vertebral column upwards and forwards above the crest of the ilium to beneath the ribs. The swelling was irregularly circumscribed, and the superjacent structures hard, tense and unyielding. A large flax-seed poultice was directed to be applied; opiates were given in quantities sufficient to control the pain, and the patient was put upon quinine and iron. Beef-tea, stimulants and the most nutritious diet were ordered. In a few days the parts began to soften, distinct fluctuation could be felt and the abscess pointed as if it were going to open externally. It continued in this way for about two weeks, with little perceptible change, except a still further enlargement. The patient

* Reported to the New York City Eclectic Medical Society.

grew weaker, typhoid symptoms supervened, the pulse became quick and feeble; there were occasional rigors and shivering, lasting for a few minutes, with hectic fever. His clothes were drenched in perspiration every night, and his symptoms were of such a character as to indicate that extensive absorption of pus had taken place.

It was at first conjectured that this might be an abscess of the kidney, as the pain seemed to be most intense in the region occupied by the left kidney. There was retraction of the testicle on the affected side, and considerable pain and uneasiness were felt along the course of the spermatic cord. The urine was highly colored, but on microscopic examination, there was no indication of the presence of pus.

It was not deemed advisable to open such a large abscess communicating, as this evidently did, with the abdominal cavity. The true indication seemed to be to attempt no surgical interference but to support the strength of the patient, and allow nature to take her course, and the subsequent developments of this case afford a most remarkable example of the conservative powers of nature.

The boundaries of the abscess, as indicated by the external swelling, were as follows: posteriorly it occupied the space from the spinous process of the first to the fourth or fifth lumbar vertebra, a distance of about four inches; it extended upwards and forwards above the crest of the ileum to a point a little beyond the anterior superior spinous process, a distance of six inches; and upwards under the ribs, a distance of three inches. The abscess was not an encysted one, but the pus evidently burrowed between the psoas muscle and the quadratus lumborum, and must have penetrated the anterior and middle lamellæ of the transversalis muscle, and reached the space between the middle and posterior layer, for it was exceedingly superficial along the spinous processes of the lumbar vertebræ. There was a communication, but not a free one, between the different portions of the abscess, for on pressing for a time upon the most superficial posterior swelling the matter could be forced forward into the deeper anterior cavity.

About three weeks after the patient came under our care, on making a morning visit, I found that during the night he had discharged from the lungs about a quart of yellowish gray matter, highly offensive, but with all the characteristics of true pus. The abscess had evidently formed an adhesion with the diaphragm, perforated this muscle, and pierced through the pleura into the parenchyma of the lungs, and made its escape through the bronchi.

After the discharge of this large quantity of pus, the pain and other urgent symptoms were somewhat relieved, but the patient was much exhausted, and when the cavity again filled with pus, as it did in two or three days, he was so weak that he could not make the exertion of coughing necessary to bring up the matter. The swelling assumed still larger proportions than before, and, as all the symptoms indicated a speedily fatal result, I began to think we would have an opportunity to study more closely the nature of this remarkable case by a *post-mortem* examination. The third or fourth day after the first discharge of pus through the lungs, the patient was suddenly seized with a diarrhœa, and passed from the bowels quite a large quantity of matter, identical in all its physical properties with that coughed up from the lungs. We examined the matter thus passed and were satisfied that it was the contents of the abscess which had thus escaped by perforation of the intestine, probably the descending colon. The discharge took place from the bowels for a day or two afterwards. I did not measure the quantity passed, but supposed it must have been at least three or four pints. The patient now seemed to be very much relieved; the swelling was almost entirely gone; he slept better; his appetite returned, and from this time he slowly improved.

There was but little collection of pus for a few days. When the cavity again filled he was very much stronger, and now able to cough and raise the matter through the lungs. The discharge now became changed to a greyish ash color, and seemed to be unmixed with coagulable lymph or any product which would give evidence of inflammation of the pleuræ.

The patient continued much the same for several weeks. The purulent secretion was poured out, and when a certain quantity was collected he would have what he termed a spell of coughing and raise it through the lungs. I may remark that these spells of coughing generally commenced in the night and lasted from 12 to 15 hours; after they subsided he was much relieved. The treatment was continued much the same, with the occasional administration of sulphuric or nitromuriatic acid for the copious night sweats.

The patient improved very slowly indeed. There seemed to be in his exhausted condition a tendency to this purulent secretion which could not be overcome. Recognizing the good effects of iodine in drying up ulcers and purulent secretions, the resultants of a low, feeble inflammation, I determined to use it in this case in combination with a tonic. Accordingly I put him on the iodide of iron in large doses, and in a week or two, whether from the effect of this remedy or not, the pus was not poured out in such quantity—as this clearing out of the cavity did not take place oftener than once in two weeks and finally not at all.

For the last three or four weeks there has been no more discharge of pus and his improvement has been very marked and decided. After the patient was much stronger he was unable, for a few days, to extend his left leg in walking; whenever he attempted to use it he suffered great pain in the left inguinal region. When we consider the function of the psoas magnus muscle, in flexing the thigh upon the pelvis, we may reasonably suppose that this resulted from purulent infiltration into the substance of the muscle, and perhaps partial destruction of its fibres, by suppurative action. This complication, however, has entirely disappeared and the patient is now able to walk several blocks with the aid of a cane.

The most interesting question about this case is, whether there was an actual perforation of the intestine and an escape of the contents of the abscess through the bowels? The weight of recorded experience and observation would seem to be adverse to the formation of such an opinion, as there have been but few cases reported in which such a com-

plication was followed by a recovery. In nearly all such cases the contents of the bowels escaped into the cavity developing a peritonitis, which soon terminated fatally. Such an opening might take place into the descending colon, which at this point of its course it will be remembered has only its anterior and lateral walls covered with the peritoneum, the posterior portion receiving no such investment. Certain I am, that upon the supervention of the diarrhœa, there was a marked subsidence of the swelling as well as an alleviation of the pain, hectic fever and all the prominent symptoms.

Rare Case of Rupture of the Heart.

BY W. HENRY BOWLSBY, M. D.

As there are but few cases of rupture of the heart on record, and as the following case presents many points of rare interest, aside from the fact of its having been through the hands of several distinguished practitioners of the old school who utterly failed to make out the case, I have thought that the following particulars might prove of interest :

On the night of Feb. 9th, 1869, I was called to see Mr. H. D. D——, aged 28, residing in Front street, Brooklyn. Found him suffering with intense, cutting pains in the right side of the chest and between the shoulders, with great dyspnoea and a most distressing cough, but without expectoration. I inquired into the history of his case and learned that he had been afflicted for some three or four years past with more or less trouble within the thorax, for which he had consulted a number of physicians in Brooklyn, who had given a variety of opinions as to the cause of his difficulty. He was finally recommended to a distinguished professor of a New York Medical College (Old School) who pronounced it a case of *carcinoma*, and as the professor said it was a rare case he would like him to come again, as he desired to

* From a paper read before the Brooklyn Academy of Eclectic Medicine, March, 1869.

exhibit him to the class in the clinique. The next time he presented himself, there were several medical gentlemen present who coincided with the professor in his diagnosis. For the last few weeks his pain had been almost unbearable.

I examined him carefully by palpation, mensuration, percussion and auscultation. Found respiration partially suppressed in the right lung and exaggerated in the left, but no crepitation; dullness amounting to flatness in the right mammary region with a fullness in which there was a distinct pulsation corresponding with the cardiac impulse; this I studied carefully and expressed the opinion that it was *not cancer* but an aneurismal tumour, and as there are no blood vessels of any size in that region, I judged it might proceed from the heart. I informed the friends that I could do nothing more than give him sedatives and opiates to make him as comfortable as possible, but that he would probably die within a day or two, and he might drop off at any moment. Gave veratrum and morphia, when he got a little sleep. Called again the next evening, found him still growing worse, continued the treatment, which gave him a little ease.

On the morning of the 11th while sitting in his chair, he fell suddenly forward on the floor and expired, but there was no hemorrhage to be seen.

Feeling confident of the correctness of my diagnosis, I expressed a desire for a post-mortem examination to which the friends readily consented. Accordingly on the evening of the same day, in the presence of several medical gentlemen I opened the thorax, when a most remarkable state of things was presented. The cavity of the thorax was completely filled with coagulated blood. The pericardium adherent to the heart, a portion of the pericardial sac being entirely obliterated; the ventricles somewhat hypertrophied; the right auricle greatly dilated, forming a true aneurism, occupying a large portion of the right side of the thorax. The rupture occurred in the superior part of the tumour near the insertion of the vena cava descendens. The liver was slightly enlarged. The remaining viscera were healthy ex-

cept that the right lung was very much compressed and several adhesions to the walls of the thorax had taken place, which explained the dragging, tearing pains of which he complained. There was no evidence of carcinoma or any other disease present.

PRURITUS.

BY T. J. WRIGHT, M. D.

PRURITUS varies both in degree and kind. It is attended with a sense of creeping, or formication, well known to those who have experienced it, at other times a sense of smarting, or perhaps burning, while the tendency to scratch the parts is so great that the subject of it cannot refrain from scratching, knowing full well that to do so is only changing one kind of annoyance for another. Warmth almost always aggravates it, and if some persons, the subject of it, should enter warm apartments, or retire to bed, the itching immediately commences, and in very many instances the nights are spent in sleepless repose, because to lie down in bed is at once a signal for the commencement of the itching. Cold for a moment eases it, in some cases, though it is only temporary, and patients are driven to scratch and rub themselves in order to obtain partial relief, which consists in the substitution of a burning, smarting sensation for the itching which is almost as intolerable to endure. This scratching, however, does no real good, but on the contrary the very rubbing of the parts aggravates the patient's condition, and aids materially in producing and keeping up a state of morbid sexual excitement, which, in not a few of those thus annoyed, intensifies and augments the suffering to such an extent as to render their lives miserable. It occurs much more frequently among women than are *enciente* than in any others; but sometimes also it is found associated with organic disease of the uterus, especially carcinoma. It sometimes attends, but more frequently precedes, the menstrual period.

Not unfrequently it accompanies various diseases of the rectum, such as hemorrhoids, fissures, etc., and is often present when there is inflammation of the vagina, a varicose state of the veins of the labia or any abnormal condition of the sexual organs. While it appears distinct and uncomplicated in a very large proportion of cases it is now and then associated with an eruption which assimilates that of herpes, the vesicles of which on bursting are apt to assume the character of small apthous sores, which led Dr. Dewees to believe that it partakes more of the character of an apthous inflammation than a functional disease of the nerves.

The treatment necessarily depends upon the conditions with which their distressing symptom is associated. The plan by far too common of prescribing lotions, ointments, and other medicinal appliances without previously inquiring into the state of the uterine functions, and the system in general, is, to say the least of it, bad practice. It would be well to make inquiry as to the presence or absence of dryness, heat or redness; and when they exist, to recommend the application of a few leeches within the labial surfaces.

Some cooling laxative will be indicated should the bowels be torpid; and a light nutritious diet should be prescribed. To such a patient, salted meats, gravies, spice, pepper, and condiments in general should not be allowed, and spirituous drinks ought to be forbidden. The warm bath, or the hip bath, will be found on trial very soothing auxiliary appliances. When consequent on vaginitis the cure of the inflammation and the cessation of the itching take place almost simultaneously, while the irritation which accompanies the decline of the vaginitis is materially improved by three drachms of liquor plumbi, added to twelve ounces of distilled water, and three drachms of diluted hydrocyanic acid.

Reasoning from analogy, this would seem to be an appropriate affection for the alterative action of nitrate of silver; yet in those cases in which it has been used it has disappointed the expectations of its prescribers. It is in the

vesicular form, eczema of the pudenda, that nitrate of silver displays its potency and power to the best advantage. Neither does vinegar, mucilage, cold or tepid water, laudanum, chloroform, tincture of aconite, or alum materially benefit the malady, or mitigate the suffering, much less cure it. It can, however, be kept within proper bonds by the frequent use of a lotion consisting of half an ounce of borate of soda, six ounces of rose water, and six grains of sulphate of morphia. It is this lotion which was first promulgated by Dr. Dewees, and by him extensively used. Dr. Charles D. Meigs says of it: "It is with me a routine to order the above compound lotion; and I aver to you, that I believe, if you order it for your patients, you will have very little trouble in curing most of them." Should it be used and found inefficient it is reasonable to infer that a complication exists, the peculiarities of which should be ascertained by inspection, so that the necessary changes can be made, to meet the indications, and the appropriate remedies prescribed.

Pruritus sometimes depends upon an inflammation or congestion of the cervix and os uteri; which could not be improved by applications however well selected and applied to the pudenda. Should the case prove obstinate a critical examination should be made, if the patient should not be pregnant, to learn whether the malady cannot be removed by addressing the remedies to the uterus, or the system in general, better than by confining your applications to the external genital organs alone. One case is recorded by Dr. Meigs and another has come under my notice, in which the nitrate of silver was applied to an abraded cervix uteri, and as soon as the abrasion healed over, the pruritis left her; another in which a form of trichiasis gave rise to the pruritis. The hairs that generally grow on the derma are not very close to the epithelial surface, but in this case they sprang from the outer margin of the mucous membrane, and were straight, like eye-lashes, and turned inwards. The hairs in this unusual position and pointing inward, gave rise to all her suffering. They were removed by appropriate means, when the pruritus began to improve and soon entirely disappeared.

As it would be folly to attempt to cure diseases of a constitutional character with remedies addressed to the local trouble, so in this, and believing as I do that it depends upon a general not a local cause, in some instances at least, like other nervous affections, why should we not resort, then, to tonics and remedies which have been found valuable in practice in alleviating and in some instances curing the worst forms of neuralgia? Hence, I feel justified in recommending remedies to improve the tonicity of the system, and allay abnormal irritation, with as much faith as I would recommend quinine in ague or iron in poverty of the blood. Cases have come under my notice in which the itching came on at certain periods of the twenty-four hours, and in that particular at least pointed with as much certainty to a periodical cause, in my mind, as if I had had cases of masked ague before me, and who can say I had not? In this connection allow me to remark, that I have often seen a girl who has been for a long time under treatment for an itching more or less all over the body, of a pruriginous character, who has taken a great variety of medicines with a view to change or alter some imaginary condition of the blood, and who has been treated to as great a variety of local appliances. You may ask me; is she cured? In reply I can inform you she was not some two weeks since. This girl lives in a malarious district, and has been under the influence of malaria from infancy up to the present time, and with the exception of the itching and pallid appearance in general, is, in what her mother calls a perfect state of health. Does not her malady, then, partake of the character of neuralgia, or masked ague, if you like the term better, and should she not be treated with remedies having that object in view both in their general and local effect?

CINCINNATI, O.

Case of Intussusception.

BY JAMES S. REAT, M. D.

MR. A., while in apparent good health, had what he, at first, supposed an attack of "*Waterbrash*" but that his diag-

nosis was erroneous I think there can be no doubt, unless it were possible to explain the anomalous metastasis which the sequel will prove must have taken place.

His sickness was ushered in by nausea, a feeling of languor, muscular relaxation, a cool moist skin, retching, regurgitation, and after a short time, copious vomitings accompanied by a severe spasmodic pain, which was referred by the patient, to the right hypogastric region. The dejections having exhausted the ingesta proper, became both glairy and viscid; the paroxysms of vomiting continued at intervals of five minutes.

I was informed that *a teaspoonful of Calomel had been given*, but it was impossible to decide what portion, if any, had been retained by the stomach.

Medicines of different kinds, and given in various ways, were immediately rejected, and I very soon found that external applications, bathing and frictions, formed the sheet-anchor of hope to even palliate the severity of the malady.

Finding that I could only prolong the intervals between the emesis, but not being able, in this way, to subdue it effectually, and the ejected fluids becoming stercoraceous, the inverse peristaltic action of the intestines growing more stubborn and unyielding, I administered per rectum four ounces of Oleum Ricini, and in three hours gave in a similar way the same amount.

Two hours subsequent to giving the oil, I gave a clyster of twelve ounces of common soap-suds water, and in two hours gave sixteen ounces more of same.

At the expiration of two hours more I gave by the same process thirty-two ounces of water, chloride of sodium and treacle, *more solito*, with none other effect than the filling up of the bowels, the vomiting coming on every five to ten minutes.

The distress of my patient not appearing aggravated but rather assuaged by the use of the syringe, I did not abandon it, but at the expiration of another two hours from the last I injected sixty ounces of tepid water, but this while it added its bulk to the distending of the bowels gave no relief.

Waited two hours more, and then gave the seventh and last clyster of sixty-four ounces of pure water, making one hundred and ninety-two ounces of fluids thrown into the bowels in twelve hours, all of which was retained.

At this time the abdominal parietes appeared distended to their utmost capacity, and I felt convinced that the tension of both the circular and longitudinal fibres of the large intestines could not be increased with impunity. The stomach and its lateral walls could scarcely be indented with the hand; yet no peristaltic action could be discovered, even the inverse action [having ceased, only a slaving from the mouth now being present. There was no borborygmus, no perceptible vibration along the alimentary tract.

Eighteen hours from the time the attack came on, found the patient in the condition I have just described, but the *vis a tergo* that I had been applying by means of a syringe appeared, now, to overcome the impediment in the right iliac region to the upward passage of the contents of the colon, the ileo-cæcal valve or the invagination began to yield, and in a moment of time with a loud gurgling noise, the fluids thrown into the rectum passed the valve or obstruction into the ileum and ascended along the intestinal tract and were discharged from the mouth into a basin at the side of the bed. A few hours rest, with appropriate remedies, reversed the inverse peristaltic action of the alimentary canal, and convalescence was soon established.

TUSCOLA, Ill., Dec., 1868.

PERISCOPE.

On the relation of food to work done in the body.—By
REV. DR. S. HAUGHTON, F. R. S.

LIEBIG and his followers, misled by a preconception of the simplicity of nature, assigned to nitrogenous food the duty of providing the force necessary for the production of muscular work, by supplying the waste of muscular tissue; while they supposed the farinaceous and fatty foods to provide the amount of animal heat required by the body.

The opponents of Liebig have fallen into the opposite error, and deny that nitrogenous food contributes any portion of the force employed in muscular work.

The truth, as is usual, lies between the two extreme hypotheses, and we are now compelled to admit that a given developement of force, expressed in animal heat, muscular work, and moral exertion, may be the effect of several, perhaps many, supposable supplies of digested food, farinaceous, saccharine, fatty, and albuminous.

Just as a given algebraical function may be equated to a given constant, by the use of a certain definite number of values of its variable quantity, so may be a given effect of work in the animal body be produced by certain definite, though very different, combinations of various kinds of food, the digestion of which follows each in its own law, and develops its own amount of force. The number of roots in our equation of life increases the difficulty of solving it, but by no means permits the acceptance of the lazy assumption that it is altogether insoluble, or reduces a sagacious guess to the level of the prophecy of a quack.

Lavoisier supposed in his earlier investigations that animal heat was developed by the combustion of carbon and hydrogen in the lungs, just as in earlier times it was supposed to be produced spontaneously in the heart, which was imagined to be so hot as even to burn the hand that should imprudently venture to touch it.

In like manner, Liebig and his followers supposed the muscular work to be developed in the substance itself of the muscles that were its instruments.

Both of these doctrines are now justly repudiated by physiologists, and the view proposed in 1845 by Dr. Mayer, of Heilbronn, and recently developed with much ability by C. W. Heaton, of Charing-cross Hospital, in the *Philosophical Magazine* for May, 1867, that the blood itself is the seat of all the chemical changes that develop force in the body, has gained favor among physiological chemists, and also met with acceptance among practical clinical observers.

Thus the human mind revolves in cycles, and the physicians of the nineteenth century are preparing to sit at the feet of Moses, and learn that the blood of an animal really constitutes its life, while South African theologians reject his authority, because he happened to confound a rodent with a ruminant.

No two classes of animals can well differ more from each other than the cats and ruminants, one of which is intended

by nature to eat the other. They differ in all respects as to food, the cats requiring a supply of fresh meat and blood for their health, and the ruminants being exclusively vegetable feeders; yet in both classes we find a great development of muscular power and of rapid action of the muscles, qualities alike necessary to the pursuer and the pursued. There can be no doubt that muscular work is developed in the cats from the combustion of flesh, and in the ruminants mainly, if not exclusively, from farinaceous food. It is, however, worthy of remark that the muscular qualities developed by the two kinds of food differ considerably from each other. The hunted deer will outrun the leopard in a fair and open chase, because the work supplied to its muscles by the vegetable food is capable of being given out continuously for a long period of time; but in a sudden rush at a near distance the leopard will infallibly overtake the deer, because its flesh food stores up in the blood a reserve of force capable of being given out instantaneously in the form of exceedingly rapid muscular action.

In conformity with this principle, we find among ourselves an instinctive preference given to farinaceous and fatty foods, or to nitrogenous foods, according as our occupations require a steady, long-continued, slow labor, or the exercise of sudden bursts of muscular labor continued for short periods. Thus chamois hunters setting out for several days' chase provide themselves with bacon fat and sugar; the Lancashire laborers use flour and fat, in the form of apple dumplings; while the Red Indian of North America almost transforms himself into a carnivore, by the exclusive use of flesh food; he sleeps as long, and can fast as long, as the puma or jaguar, and possesses stored up in his blood a reserve of force which enables him, like a cat, to hold his muscles for hours in a rigid posture, or to spring upon his prey, like a leopard leaping from a tree upon the back of an antelope.

If the preceding view of the muscular qualities developed by the two kinds of food be correct, important inferences suggest themselves as to the food that should be employed in relation to several kinds of work. Of these inferences, I shall select two examples:—

1. The nurses of one of our Dublin Hospitals were formerly fed chiefly upon flesh food and beer, a diet that seemed well suited to their work in ordinary times, which was occasionally severe, but relieved by frequent intervals of complete rest. Upon the occasion of an epidemic of cholera, when the hospital duties of the nurses became more con-

stant, although on the whole not more laborious, they voluntarily asked for bacon fat and milk, as a change of diet from the flesh meat and beer; this change was effected on two days in each week with the best results as to the health of the nurses, and as to their power of discharging the new kind of labor imposed upon them.

2. I have been informed, on competent authority, that the health of the Cornish miners breaks down ultimately, from failure of the action of the heart and its consequences, and not from the affection of the lungs called "miners' phthisis." The labor of the miner is peculiar, and his food appears to me badly suited to meet its requirements. At the close of a hard day's toil, the weary miner has to climb by vertical ladders through a height of 100 to 200 fathoms before he can reach his cottage, where he naturally looks for his food and sleep. This climbing of the ladder is performed hastily, almost as a gymnastic feat, and throws a heavy strain (amounting from one-eighth to one-quarter of the whole day's work) upon the muscles of the tired miner during the half-hour or hour that concludes his daily toil. A flesh-fed man (as a Red Indian) would run up the ladders like a cat, using the stores of force already in reserve in his blood; but the Cornish miner, who is fed chiefly upon dough and fat, finds himself greatly distressed by the climbing of the ladders—more so indeed than by the slower labor of quarrying in the mine. His heart, over-stimulated by the rapid exertion of muscular work, beats more and more quickly in its efforts to oxidate the blood in the lungs, and supply the force required. Local congestion of the lung itself frequently follows, and lays the foundation of the affection, so graphically, though sadly, described by the miner at 40 years of age, who tells you that "his other works are very good, but that he is beginning to leak in the valves."

Were I a Cornish miner, and able to afford the luxury, I should train myself for the "ladder feat" by dining on half a pound of rare beefsteak and a glass of ale from one to two hours before commencing the ascent.

On Sulphurous Acid in the treatment of Pyrosis.—By DR. HENRY LAWSON, Assistant Physician to St. Mary's Hospital.

THE very remarkable cures recorded by Dr. Dewar and Mr. Pairman, as having been effected by the use of pure sulphur vapour, led me to give sulphurous acid a trial in cases

of pyrosis, and certainly the result surprised me. *In every instance in which it has been employed it has, in a very short time, completely arrested the water-brash secretion.* Indeed, it has given me so much confidence in its valuable action, that I never hesitate to assure the patient he may very soon hope for relief from at least the distressing symptom of pyrosis. Dr. Dewar and Mr. Pairman have advocated the use of sulphurous acid to a degree that I should be far from accepting, and have been, in my opinion, over-zealous in urging its claims as a panacea. But for all this, I am disposed to think its usefulness in conditions of pyrosis can hardly be overrated. It checks the excessive secretion, stops the vomiting and lessens the epigastric dragging pain so often complained of.

What is the explanation of its action? This is a question which is especially interesting just now, but which it is impossible to answer definitively in the present state of science. Some would say its good effects are due to the production of ozone and the destruction of vegetable germs, and among these I desire provisionally to rank myself. Others would, perhaps, urge that it has some special action on the mucous membrane. It is a significant fact, first, that in all the specimens of water-brash immense quantities of vegetable organisms are present; and, secondly, that sulphurous acid is fatal to these structures. I have made numerous microscopic examinations of the fluid of pyrosis, and nearly in every instance I have detected not only sarcinæ (which Kühne holds to have no fermentative power on sugar) and torlæ, but huge clusters of leptothrix and myriads of vibrions, and bacteria.

Pasteur has shown the vast influence which these latter bodies have in promoting certain fermentation, and it is only natural to suppose that the sulphurous acid, by destroying them, checks these unusual processes. That the clusters of leptothrix are productive of irritation (hence possibly of undue secretion), must be evident from the manner in which they are buried and rooted in the very substance of the epithelium particles. Whatever, then, may be the relation of an unhealthy state of the stomach to the first development of these vegetable forms in its walls, I am induced for the present to infer that their continual presence is productive of the excess and alteration of the gastric secretion, and that the reason why sulphurous acid is so beneficial, is simply that it is a parasiticide.

The doses in which I have given the acid (B. P.) vary from xxx grs. to ʒj three times a day, shortly before meals. Bitter infusions may be employed as a vehicle, but plain dis-

tilled water is the best. I have seldom heard patients complain of any unpleasant effects of the medicine.—*The Practitioner*.—*Braith. Retrospect*.

A case of Long Standing Epilepsy, cured by an extensive burn.—By JOHN C. PEARSON, M. D.

In the month of January, 1864, I was called about day-break to see Joseph Garing, a German, who had had an epileptic fit and fallen in the fire, burning himself severely.

I found my patient in the most excruciating agony. He had, upon arising in the morning, stirred up a large bed of live coals in an extensive old-fashioned fire-place and fallen into them in a fit; and, being alone in the room at the time was dreadfully burned in the hands, arms, face, neck, breast and head before assistance fortunately happened to come in.

I administered opium and stimulants freely, and dressed the whole burnt surface with a liniment composed of lime water and linseed oil. But regarding the treatment I shall say but little, my sole object in writing this communication being to relate this result—the ultimate result after the recovery of the burn. Five weeks elapsed before the entire burnt surface had healed, during which time it was dressed daily. It suppurated during this period most profusely, and the fetor arising from it was almost insupportable.

My patient, Joseph Garing, at that time about forty years of age, had been the subject of epileptic convulsions from early boyhood, rarely going the lapse of two or three months without the recurrence of a fit, and sometimes having one every few days for a while. This was the case anterior to the burning; but since that great and—as the sequel has proved—*fortunate* event in his life, *he has not, up to the present time, experienced the slightest symptom of an epileptic spasm!* Four years have passed away, and not a single fit has returned, whereas, prior to the reception of the burn every few days would, sometimes, witness a hideous paroxysm of the dreadful disease.—*Medical and Surgical Reporter*.

Bromide of Potassium for the Sleeplessness of Infants.

M. Moutard-Martin has communicated to the French Academy of Medicine a memoir on “Some Applications of the Bromide of Potassium to the Medicine of Young Infants.” Every one, he observes, admits the possession of sedative

properties by the bromide, and in this direction it has become one of the most useful substances in the *Materia Medica*. Bearing in mind its hyposthenic action in erethism of the nervous system, and its innocuity, even in large doses, he believed that it might be employed with advantage in some of the pathological conditions of very young children. Among these sleeplessness, alike mischievous to the infant and wearying to the nurse, is one of very common occurrence. The child does not seem otherwise ill, but has a very great insufficiency of sleep both by day and night, or only at night. Where a great variety of means has failed to remove this sleeplessness, the bromide succeeds in a remarkable manner, and M. Moutard-Martin adduces in his paper several cases in proof. His conclusions are—1. The bromide of potassium given in small doses (from five to twenty centigrammes) is very well tolerated by young infants. 2. By its sedative action it cures *insomnia* in these cases. 3. Administered to infants suffering from the accidents of dentition, such as restlessness, *insomnia*, cough, etc., it frequently relieves these; and it is probable that its employment, regulated with prudence, would sometimes prevent the occurrence of convulsions. 4. It should not be administered to infants when suffering from diarrhoea. 5. In certain exceptional cases in which the nervous erethism is predominant, its action is prompt and decisive.—*Medical Times and Gazette*, Dec. 12, 1868.

Fracture by Iodine Ointment.

Mr. B. W. Switzer, Asst. Surg. 6th Punjaub Infantry, relates (*Med. Times and Gaz.*, Sept. 19, 1868) the following curious case. A Hindoo boy, aged about four years, was brought to him for treatment. On examination, the right humerus was found to present a uniform enlargement, from about three inches below the head to within two inches of the condyles, tapering above and below. The history of the case was that the boy had been running from something that frightened him, and fell heavily on his arm, sustaining a bad comminuted simple fracture through the whole extent of the middle third of the bone. Residing far from any surgical aid, his people simply let him alone, and this tumour was but nature's rough surgery. No trace of crepitus remained; it was from head to condyles one solid bone. Such was his state eight months after the accident. Mr. S. was at a loss.

what to do ; he allowed the boy to run about, and his general health improved, and finally, for the sake of doing something, he ordered him an ointment containing 100 grains of iodide of potassium and 10 grains of iodine to an ounce of lard, to be rubbed into the tumour twice a day ; he was also to take internally a grain of the iodide twice daily. After treatment of this kind for about three weeks, on examining the arm crepitus was detected and the tumour found, like an iceberg in summer, rapidly breaking up in every direction. Finally all the callus was absorbed and the fragments left movable. All medicine was then stopped, and the bone properly set in splints. He made a capital recovery, callus being again thrown out ; and the fragments re-united in their proper places.

The Use of Sulphite of Soda in Chronic Cystitis.

It has been known for some time that the salts of sulphurous acid, when taken internally, possess the power of preserving healthy urine from putridity. Reasoning from this, Mr. L. Wilcox, late house-surgeon of King's College Hospital, supposed that they would have the same effect in those cases of chronic cystitis where, from the large secretion of mucus, the urine becomes putrid before it can be evacuated, and thus the walls of the bladder are kept in constant contact with a highly irritating fluid, and have no chance of regaining their normal condition. He therefore lately recommended and employed the sulphite of soda with very marked success in several cases of chronic cystitis in the hospital. The urine, from being intensely alkaline and horribly fetid, loaded with pus, and with difficulty retained for a quarter of an hour, shortly became clear, acid, without odor, and capable of being retained for two or three hours. The mineral acids had been tried in the same cases previous to using the sulphite, and with little benefit.—*British Medical Journal*.

A New Preparation of Lupuline.

Dr. Dyce Duckworth, medical tutor of St. Bartholomew's Hospital, says that it is certainly remarkable that lupuline has not found a place in the new *Pharmacopœia* of this country. It may, however, be said that it is not altogether

ignored, inasmuch as it is expected to be present in the hop as ordinarily employed. It is not too much to assert, that the amount of it in different samples varies considerably ; and it is certain that its peculiar powdery matter represents the active principles of the entire strobili in a concentrated form. During a recent series of pharmaceutical experiments with the powder, he was constantly struck with the remarkable valerian-like odor evolved from the different preparations ; and he was interested to find, in the course of subsequent readings on the subject, that M. Personne had discovered valerianic acid in lupuline. In none of the *British Pharmacopœia* preparations of hop, except the extract, can it be said that the real strength of the drug is removed. The tincture made with proof spirit, which does not thoroughly exhaust the active parts of the scales of lupuline, and the watery infusion, can but inadequately represent the virtues of this medicine. He recommends the following formula : Lupuline, 2 ozs. ; spirit. ammon. arom., a pint. Macerate for seven days, agitating occasionally ; then filter and add sufficient of the menstruum to make up to a pint. The dose of this is from twenty minims to one fluidrachm. He proposes to call it “*tinctura lupulinæ ammoniata*.” He considers this preparation of the hop as the best we at present possess. According to Christison, the dose of *tinctura lupuli* should be from one fluidounce to one fluidounce and a half to produce any hypnotic effect ; the ordinary dose consists of as many drachms. Dr. Ives, of New York, states that the tincture of lupuline is an effectual hypnotic in restlessness the result of nervous irritability, and in delirium tremens. Some advantage, too, is deprived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.—*British Medical Journal*.

On the Influence exerted by the Number of the pregnancy, and by the Age of the Woman, upon the Mortality accompanying Parturition.—By J. MATTHEWS DUNCAN, A. M., M. D.

(*Dublin Quarterly Journal of Medical Science*, February.)

The following are the author's general conclusions :—

“1. The mortality of first labors is about twice the mortality of all subsequent labors taken together.

"2. The mortality from puerperal fever following first labors is about twice the mortality from puerperal fever following all subsequent labors taken together.

"3. As the number of a woman's labor increases above nine, the risk of death following labor increases with the number.

"4. As the number of a woman's labor increases above nine, the risk of death from puerperal fever following labor increases with the number.

"5. If a woman have a large family, she escapes extraordinary risk in surviving her first labor, to come again into extraordinary and increasing risk as she bears her ninth and subsequent children."

The Internal Heat of the Earth.

A curious fact has been lately brought to notice in regard to the Nevada silver mines. Heat, not water, is the chief enemy encountered after reaching a great depth, and, instead of pumping out water, the companies have to pump in air. A Nevada paper says:

"The increase in the heat of our mines is now beginning to give many of our mining companies more trouble, and is proving a great obstacle to mining operations in those levels lying below a depth of one thousand feet, than any vein or "pocket" deposits of water yet encountered. A number of the leading companies on Comstock tract are constructing engines to be used expressly for driving fans for furnishing air to the lower levels, forcing it through large tubes of galvanized iron.

"With this great increase of heat in our mines comes a great decrease of water; in fact, in our deepest mine—the Builton, which has attained the depth of twelve hundred feet—not a drop of water is to be seen; it is as dry as a lime kiln, and as hot as an oven. In the lower workings of the Chollar Potosi mine, which are a perpendicular depth of eleven hundred feet below the surface, the thermometer now stands at one hundred degrees—a frightful heat to be endured by a human being engaged in a kind of labor calling for severe muscular exertion. Here, also, we find the water to have decreased till there is at the present time a very insignificant amount, it being necessary to run the pump but four hours out of the twenty-four."

Medical Education in Germany.

The subjoined is an extract from an article with the above caption in the *Times & Gazette*.

The examination which entitles an M. D. to practice is indeed a severe test of a man's knowledge, the shortest time in which it can possibly be passed being about three months. It is conducted on the same plan throughout the country by examining boards annually chosen by the Government, which hold their sittings in each university town. The members of these boards are partly selected from amongst the teachers of the university and partly from practitioners of renown in the neighborhood.

The examination is divided into five different parts—"Stationen"—viz :

1. The anatomico-physiological station.
2. The internal or medical.
3. The external or surgical.
4. The obstetrical.
5. The final.

The anatomico-physiological station commences with the candidate drawing from an urn before him a question upon some anatomical, physiological, and microscopical subject, and then treating at large upon the same, and showing all that he knows about it. After this he is submitted to a *viva voce* examination by the professor. The question may be upon any of the following subjects, which may be treated either with especial reference to the physiology, anatomy, or historical structure.

The tissues of the human body, their physiological and microscopical properties; the physiology of the organs of circulation, respiration, and digestion; of absorption and secretion; the nervous system and the experimental physiology of nerves and muscles; of movements; of voice and speech; of the senses; and of embryology, etc.

The candidate is alternately examined by different members of the board, these being generally the professors teaching anatomy, physiology, and comparative anatomy. In the course of the examination it may be required of the candidate to make microscopical sections and to demonstrate them under the microscope. When the examiners are satisfied, the candidate is taken to the dissecting room, where a separate compartment is reserved for this purpose. He has here to perform a dissection, the subject of which he again draws by lot, and remains locked up in the room until he

has completed it. His final task is to demonstrate the dissection to the examiner, and to answer any question which may arise in connection with the subject. If the candidate fail to pass, he has to wait until the next session; if, however, he be successful he is permitted to enter the internal station. Here the examination is likewise conducted by two examiners on two different days, by each of whom the candidate is examined practically upon patients in a ward set apart for the purpose, and he is subsequently required to write a detailed account of these cases from a scientific and practical point of view—a task which he has to perform in a separate apartment, without reference to books or notes. After this he meets one of the examiners every day in the ward, and is required to examine different patients, to make the diagnosis, and to continue the treatment of those cases which he has previously examined. If any chance to die, he has to make the post-mortem, and to demonstrate the pathological changes. He is at the same time examined in *materia medica*, including the therapeutical value of different spas and climates. This lasts for a fortnight, and at its close the candidate enters the external or surgical station. Here the examination is conducted in a similar manner, but, in addition, on one day the candidate is examined on surgical instruments, appliances, and dressing, and on another day upon fractures and dislocations, whilst the last day is devoted to the performance of operations on the dead body.

The obstetrical station is next entered. It is necessary that he should, during his studentship, have conducted at least three labors under the immediate superintendence of the professor or his assistant. The examination in this station commences by the candidate conducting a labor in the presence of the examiner, and attending to the case as long as may be necessary. He likewise meets the examiner in the wards, and is practically examined in the diseases of women and children. One day is again devoted to the determination of the stage of pregnancy amongst a number of pregnant women; whilst upon another day most of the important obstetrical operations are performed upon a dummy. In the last or final examination, questions on medicine and surgery are again put, if deemed necessary; but there are likewise questions on State medicine, hygiene, and those branches of natural philosophy which have an immediate bearing upon medicine.

Having succeeded in passing through this prolonged and

searching ordeal, the candidate is admitted into the ranks of the profession. The fee for the whole examination required by the State is about ten guineas.—*Western Journal of Medicine.*

EDITORIAL.

Fatal Poisoning by Gelsemin.

QUITE a large number of cases of poisoning by Gelseminum and its preparations, have been reported since the introduction of this agent, a few years ago. Four or five cases have occurred within the last year, and our city papers have recently recorded another fatal example. This last case is invested with more than ordinary interest from the comparatively small quantity which produced death, not larger in fact than that usually recommended by our authorities, and it becomes a fit subject of inquiry, whether the proper administration of this drug is sufficiently understood.

The facts elicited by the jury of physicians appointed by the Board of Health to investigate the case were, briefly, as follows: The patient, a lady, had been suffering for some time with a pulmonary affection. Her attending physician prescribed four powders, each containing one grain of Gelsemin, with directions, as he states, that one should be taken every night. Accordingly one powder was given at night, and, contrary to directions, a second powder was administered the next morning. Very soon the characteristic effects of poisoning by Gelsemin began to manifest themselves; the patient complained of double vision and heaviness of the eyelids; there was complete muscular relaxation and drowsiness, which soon deepened into a state of profound narcotism. The physicians gave stimulants and resorted to artificial respiration, the galvanic battery, and other means to arouse her, but all their efforts were unavailing. At one time the patient rallied a little, breathing was easier and consciousness partially restored. But she soon relapsed, rapidly grew worse and died in about an hour.

We will not stop here to consider whether the treatment adopted in this case was the most judicious possible. No certain antidote to the poisonous effects of Gelsemin has yet been discovered. Although its action is not physiologically identical with that of any other medicine, yet we presume that the same principles of treatment recom-

mended in poisoning by other agents of this class, would be indicated in a case of poisoning by Gelsemin. It is a matter of regret that its physiological action has not been more definitely determined; were such the case, the treatment for the toxic effects of an overdose could be conducted on rational and perhaps successful, grounds. Whether it acts as a cerebral stimulant by increasing the quantity of blood sent to the brain, or as a direct sedative to the great nerve centres, as have been variously supposed, we do not positively know. We rather incline to the belief that it acts as a nervous sedative, paralyzing the whole reflex functional activity of the spinal cord and sympathetic, as shown in the inability to coordinate muscular movements, and finally in the complete obliteration of all muscular motion.

The most important question which presents itself in connection with this case, is, whether this patient, from some idiosyncrasy or from depression of the vital powers, consequent upon a long continued illness, was unusually susceptible to the action of this drug, or whether the dose usually recommended in our medical works is not altogether too large. In the American Dispensatory, and Coe's work on Concentrated Medicines, the ordinary dose is stated to be from one-half to one grain, to be repeated, if necessary, every few hours. In some conditions a dose of two grains is recommended. Few physicians, practically familiar with the properties and action of Gelsemin, would venture to prescribe such a large dose. They would regard one-half or even one-fourth that quantity unsafe in the case of a weak or delicate patient, and absolutely dangerous if frequently repeated. One-eighth of a grain of Gelsemin produces decided effects; and in our practice we prescribe this quantity as the medium dose.

We should like to have the experience of some of our readers in the use of Gelsemin, especially as regards the *maximum* dose which can be used with safety, also any well digested theories they may entertain of its physiological action.

Concentrated Medicines.

ALL the various forms of concentrated medicines, "Resinoids," "Active Principles," "Concentrations," Alcoholic Fluid Extracts," "Essential Tinctures," &c., &c., are now being more carefully tested by practitioners of the different schools of medicine, than at any other period of their history. The use of heat in manufacturing, and the degree in which it affects the stability and value of the resulting preparations, is now being thoroughly examined.

All such investigations have our most hearty sanction, it is the right kind of labor in the right direction. It is the real active medicinal principle, the certain quantity, the exact and uniform strength, that the practitioner wants. If the preparations can be made so that one-eighth of a grain will take the place of one or more grains or drachms of crude material, let us have them. If the drastic property of the Podophyllin can be obviated without destroying the action of this remedy and its value as a cholagogue, let it be done. The products of opium are now found to be some ten or more, and yet they differ materially in their action. The products of the Peruvian Bark are also numerous, each one impressing the animal economy in a manner peculiar to itself. Why not, from this standpoint, begin an investigation of many of our leading remedies.

Sanguinaria Canadensis and *Hydrastis Canadensis* have been found to contain several distinct products, all of which differ somewhat in their therapeutic action. We hope to see many improvements made in every field of this worthy investigation. Yet we hope to be kept clear of competition among manufacturers, which will fill the market with cheap and worthless medicines.

Stillingia in Syphilis.

Dr. J. C. M'Meehan, of Cincinnati, Ohio, contributes the following to the *Western Journal of Medicine*.

"We have used the drug in a certain form of syphilis, and with the finest results, and have seen Dr. Dawson, Surgeon to the Cincinnati Hospital, prescribe it frequently with the most marked effect, when other remedies had failed.

The form of syphilis in which it is most useful, is secondary, where the symptoms of tertiary are just beginning to manifest themselves, but it is also useful later in the tertiary form, in combination with iodide of potassium.

In secondary syphilis, in broken down subjects, mercury is, of course, objectionable, and if administered, cannot be carried to the point where it would have a marked effect upon the syphilitic eruption. If mercury cannot be administered, there are but few remedies left to prescribe, and the principal ones, perhaps, are sarsaparilla and iodide of potassium. The latter remedy is very good in the tertiary form, but in the secondary it has been found almost inert, having but very little, if any, effect upon the eruption. Sarsaparilla, at one time, had

quite a reputation, and it was thought next to impossible for a patient to recover without its administration. It is now seldom administered, except for its moral effect, unless outside of the regular profession. Now, in primary, we have iodide of mercury (and in healthy subjects it is the proper remedy in secondary), and in tertiary, the iodide of potassium. But here is a vacancy. What is the remedy in secondary when the patient is broken down in health, or when mercury has been used without effect? There is but one remedy in the *materia medica* that can fill the vacancy properly, and that one is *Stillingia*. For broken down patients with the syphilitic eruption, to patients on whom mercury has had no effect, and to patients in whom the bones have become affected and the secondary manifestations still continue, let this remedy be given."

We copy from the *Med. & Surg. Reporter* the above remarks, not because they contain anything new to Eccelectics as they have for years past recognized the good effect of *Stillingia* in the treatment of secondary syphilis, and availed themselves of it in practice, but because it affords an illustration of the fact that our remedies and peculiar ideas of practice are being gradually adopted by our Allopathic brethren.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

PRACTICAL OBSERVATIONS ON THE AETIOLOGY, PATHOLOGY, DIAGNOSIS AND TREATMENT OF ANAL FISSURE. By WILLIAM BODENHAMMER, A. M., M. D. Illustrated by numerous cases and drawings. New York: William Wood & Co. 1868. pp. 199.

Few affections are more obscure in their origin, more exquisitely painful to the patient or more obstinate in treatment than fissure of the anus. Notwithstanding the exceedingly practical importance of the subject, until the appearance of this monograph no complete and systematic treatise upon Anal Fissure has been offered to the profession. The author of this work has been long and favorably known to the profession by his work on "Congenital Malformations of the Rectum and Anus." During the many years in which he has made a specialty of diseases of the rectum and anus he has enjoyed extensive and peculiarly fine advantages of study and observation, and the character and practical utility of the work before us afford satisfactory evidence that he has made good use of his opportunities.

The first chapter of this work is devoted to the history of Anal

Fissure, the views entertained by different surgical writers of its causes and varieties, the confusion to which its frequent concomitant, spasmodic contraction of the anus gave rise to, and the precise nature of the disease to which the term Anal Fissure is at present applied.

In Chapter II the author endeavors to remove some of the confusion and obscurities which surround the subject, and defines the characteristic lesions of the affection to which the term Fissure of the Anus truly and legitimately belongs. In the physiology of the complaint, he considers the physiological relation between the *sphinctores ani* and the voluntary and involuntary system of nerves.

Chapter III treats of the Aetiology of the disease. Prominent among the causes of Fissure of the Anus is constipation of the bowels. He also cites mechanical injury, external violence, irritating discharges in dysentery, cholera and other visceral diseases, as frequent causes.

Chapter IV is devoted to the classification and description of Anal Fissure, its anatomical and pathological characters, the symptoms and signs, diagnosis and prognosis.

Chapter V gives the different methods of treatment, included under the following heads: 1, topical application; 2, cauterization; 3, dilatation; 4, incision of the mucous membrane; 5, excision of the sphincters of the anus. The authors treatment consists of topical medication combined with dilatation, and sometimes scarification, or incision of the mucous membrane.

In Chapter VI are presented a large number of illustrative cases with treatment. A short bibliography is appended. We can commend the work as the most complete and exhaustive treatise yet presented on the subject.

NEWS AND MISCELLANY.

CARBOLIC ACID IN SCARLATINA.—Dr. Carpenter, of Keokuk, Iowa, (Physician and Pharmacist,) is highly laudatory of the use of this acid in the anginose variety of scarlet fever. He says that it not only materially lessens the inflammatory process in the fauces, but prevents septic poisoning, heals the ulcerated spots, and prevents the accumulation of the viscid faucial secretions. He says that within the past five weeks he has treated nineteen cases between one and three years, without a single fatal result. In eleven the febrile movement reached its maximum intensity. Delirium, with restlessness and stupor, obtained in all these cases—the range of the pulse 140 to 155 to the minute. The heat of skin was lessened by constant sponging with cool or tepid water and vinegar, and lemonade, *ad libitum*, to allay thirst and soften the parched and swollen tongue, with occasional laxatives, and a solution of chlorate of potassa, two

drachms to a pint, as a drink, together with the following topical application to the tonsils thrice daily, (acid carbol. f. 3 ss; glycerine, aq. distil. aa. ʒ jss,) constitute the treatment.

To combat renal congestion, spt. nit. dule. in ten drop doses was relied on. Milk punch and animal essences were freely used when the heat of the skin had subsided.—*Medical Archives*.

TRAUMATIC TETANUS CURED BY PROFUSE SWEATING.—*L'Union Medicale* contains the report of two cases of traumatic tetanus cured by profuse sweating induced by the gradual slacking of quicklime under the bed-clothes, the progress being kept up by replacing the lime as occasion required. In both cases the disease was cured in five days, but in one, the trismus, which was the last symptom to disappear in both, lasted until the tenth day.

GAZEOLE IN WHOOPING COUGH, a volatile ammoniacal product, obtained from the distillation of coal tar, seems to enjoy quite a reputation in France in the organs. The treatment consists in placing a teaspoonful of gazeole in a saucer at some distance from the patient, and renewing the liquid every two hours, until the sick chamber becomes impregnated with its odor.

TREATMENT OF FERMENTATION IN THE STOMACH.—“In cases of fermentation,” Dr. Fenwick says, “the diet should be carefully regulated. Tea, coffee, milk, arrowroot, rice and similar fluids, so often forced upon the patient during a ‘bilious attack,’ should be forbidden; and iced water, soda water, Seltzer water, and beef-tea should be substituted.

“As regards remedies, I have generally prescribed creasote in doses of one drop, combined with magnesia; but if there be much subacute inflammation of the mucous membrane, the hyposulphite of soda will be found more useful. For some time after the attack has subsided, vegetable tonics in combination with acids or alkalies are required.”

EXCESSIVE SWEATING OF THE HANDS OR FEET.—For the relief of this troublesome affection Dr. Donilt recommends the thorough application of the hottest water that can be borne without pain to the offending parts until they are red hot and tingling as if scalded. This treatment the author states, sometimes appears to aggravate the affection. Hebra recommends the frequent local use of a solution containing one drachm of tannic acid mixed in six ounces of alcohol; this liquid should be rubbed into the parts several times a day, and the skin must not be wiped afterwards; a little powdered asbestos is to be sprinkled on it while still wet, and with this the part is to be rubbed till it is dry.

POTASSAS CHLORAS IN DYSENTERY.—We learn from the *Wiener Med. Press* that the above-named remedy has been used in the Rudolf hospital, Vienna, with the most gratifying success. They use it in most cases, by enema, in the following proportion: Potassæ Chlor. grs. xx. ad. aq. distil. ℥ij. Blood ceased to appear in the dejections after the first clysm.

PEPSIN IN CHOLERA INFANTUM.—Pepsin has been strongly recommended in the advanced stages of cholera infantum and other diseases of children in which the digestive organs are weakened. For a child from one to three years old the dose is five grains every three hours, combining it sometimes with an equal quantity of subnitrate of bismuth.

CATARRH OF THE BLADDER.—In this disagreeable and obstinate complaint M. Mallez has found the following solution injected into the bladder very efficacious: water 10 ounces; tincture of iodine 45 drops; indide of Potassium 15 grains. When the pain is very annoying add 15 grains of extract of Belladonna to the above. He has also employed Carbolic acid, nitrate of silver, and hyp. sulphite of soda with advantage.

DANGER OF GIVING STRONG DOSES OF CAMPHOR.—A case illustrating the above has recently been brought under the notice of the Société de Médecine et de Pharmacie de Grenoble. An enema consisting of five grammes of camphor dissolved in the yolk of an egg, was given to a child three years of age, suffering from typhoid fever. Symptoms of poisoning at once manifested themselves; convulsions, lividity of countenance, stupor, arrest of the urinary secretion, etc. The employment of coffee sufficed to restore the child.

CHAIRING A WOMAN DOCTOR.—The Medico-Chirurgical Academy at St. Petersburg conferred, at its recent annual conference, the degree of M. D. upon Mme. KASCHEWAROW, the first female candidate for this honor who had presented herself before them. When her name was mentioned by the Dean, it was received with an immense storm of applause, which lasted for several minutes. The ceremony of investing her with the insignia of her dignity being over, her fellow-students and new colleagues lifted her upon a chair, and carried her with triumphant shouts through the hall.

THE THERAPEUTIC EFFECTS OF LUPULINE.—M. Hétu finds that the resin of hop, in the dose of twenty to thirty grains, produces often an intense headache; sometimes nausea, and even slight vertigo; and always a state of insensibility, lasting several hours, but without hallucinations such as haschich causes. Each time he has found a subsequent and notable increase of appetite.

ACUTE RHEUMATISM.—*Valerian*.—Valerian administered in the form of a bath is of extraordinary efficacy in subduing the pain of inflammation attending acute rheumatism. The bath is made simply by taking lbj. of valerian root, boiling it gently for about a quarter of an hour in one gallon of water, straining it, and adding the strained liquid to about twenty gallons of water in an ordinary bath. (Dr. N. J. Butler.)

CANCER.—*Chloride of Zinc*.—A ready means of applying chloride of zinc in cases of cancerous or other sores, is to soak lint in the liquid produced by the deliquescence of chloride of zinc, aided by the addition of a few drops of water. It should be then hung up to dry as much as possible, and kept for use in a pasteboard box. The great convenience of the chloride of zinc lint is that the smallest piece may be used, even to a wart or pimple, or to parts, such as the eyelids, to which it would be almost impossible to apply the old paste. (Mr. W. Cooke.)

CAUSTIC ARROWS AND CARBOLIC ACID.—Two cases of cancer are related which were completely removed as follows: Punctures were made deeply round the tumors, by means of a broad lance, and into these caustic arrows were inserted. No pain or irritation resulted, and the tumours came away in three days, leaving a grey-coloured slough, which was detached in twenty-four hours more, by means of a linseed-meal poultice. The surface exposed was painted freely with carbolie acid, and the whole covered by wadding dipped in glycerine. It is singular that this treatment is quite painless. (Dr. J. R. Wolfe.)

DIGITALIS.—*Therapeutic action of*.—When digitalis kills, it does so not by producing paralysis of the heart, but by giving rise to tonic contraction and spasm of that organ. It is hence a most valuable remedy in the treatment of dilatation, and dangerous only when administered in cases of hypertrophy. When the pulse is feeble and irregular, and more especially when from any cause its feebleness and irregularity are temporarily increased, digitalis is of all known remedies the most useful.

Digitalis, like other medicines, has a double action, it first excites the vaso-motor system, contracting the blood-vessels, this action being followed by more or less reaction to dilated blood-vessels. The primary action may be obtained alone by giving small doses, the secondary by large doses. Hence, when given for the purpose of checking uterine or other hemorrhages, large doses are not called for, and indeed would be injurious. (Dr. A. Keith.)

When Digitalis is given in cases of heart disease it should be in doses of ten drops every four hours, or half a drachm of the tincture night and morning. It is not likely to benefit functional disor-

ders or palpitation, and it is inadmissible in cases of aortic regurgitation, for in such cases it might be dangerous to slow the heart's action. Digitalis, however, may be most useful in obstructive aortic disease; but that form of disease which it is most of all adapted for is dilatation with feebleness of action. (Dr. E. Mackey.)

DYSPEPSIA.—There are *three varieties* of dyspepsia: 1. The sulphuretted hydrogen dyspepsia, or that accompanied with "rotten egg" evacuations. This requires farinaceous diet along with a mixture containing strong hydro-chloric acid and chlorate of potash, filled up with a vegetable bitter. 2. The carbonic acid dyspepsia, with tasteless eructations, requiring a lean-meat diet, with avoidance of bread, potatoes, and farinaceous food generally. 3. The butyric acid dyspepsia, in which the eructations are sour and acrid. In this form the use of sugar and fat must be proscribed. A fourth form may be styled "tea dyspepsia;" this requires a daily allowance of wine, regularity of meals, and abstinence from tea. (Dr. H. Browne.)

GLYCERINE OF TANNIN.—Glycerine of tannin is a very valuable application in a variety of trivial but troublesome complaints. These are, excoriation of the inside of the nose with discharge of a thin sanious fluid; cases of sanious or purulent discharge from the ears, so commonly met with in weak and unhealthy children; chronic vaginitis of children; eczema, in which disease the itching, tingling, and burning so commonly present are at once removed; the eczema which occurs behind the ears of children is admirably treated with this remedy. Glycerine of tannin is an extremely useful application to the throat for a variety of purposes, not during the existence of acute inflammation, but during the subsidence. (*Practitioner.*)

PRURIGO.—Nearly all cases of prurigo arise from the pediculus corporis. The insect differs from the other two species, which infest respectively the head and the pubes, in that it dwells on the underclothing, and also deposits its eggs on the underclothing. Hence if the skin is ever so carefully examined nothing is discovered, and even the shirt requires great care to discover the cause of the affection. The nits are often found inside of the wrinkles or folds about the waist. Warm baths and washing the clothes have no effect whatever in killing the parasite. The only way to destroy the ova in the clothes is to bake them. It is also a good plan to grease the skin with very dilute citrine ointment (*unguentum hydrargyri nitratis*), or indeed with any greasy substance, and this for the same reason that olive oil or lard, *per se*, is a cure for the itch. An ointment containing the oil obtainable from stavesacre seeds is a capital application, better indeed than the citrine ointment. (Dr. B. Squire.)

OPHTHALMIA.—*Chloride of Zinc*.—Chloride of zinc used in a solution of two grains to the ounce is a capital astringent application in certain forms of ophthalmia. It is suited for the same class of cases that we use nitrate of silver or alum for, *i. e.*, the catarrhal or purulent. It is less painful than nitrate of silver, and may be used freely to the youngest infant. (Mr. J. Hutchinson.)

PRURITUS OF THE SKIN.—No remedy is better than creasote mixed with ten times its bulk of oil. (J. H. Bennett.)

OVARIAN NEURALGIA.—In cases of ovarian irritation or neuralgia, give an eight-ounce mixture containing two drachms of the muriate of ammonia, with five-drop doses of tincture of aconite. This combination of remedies has sometimes a most marked effect in causing the subsidence of the pain. (Dr. J. Waring-Curran.)

CAPSICUM.—“Dr. Lyons sums up his experience of this drug as follows: 1. Capsicum is a valuable and reliable drug when opium fails, or is, for any cause, contraindicated. 2. It is a safe drug for general employment in delirium tremens, and, as such may be confidently recommended to the country practitioner for general employment. 3. It is not open to the objection which attaches to the continued use of opium, which, when it fails to tranquillize and produce sleep, adds to the state of excitement; and, if pursued beyond a certain limit, kills, as it has undoubtedly done in numerous instances, by suddenly induced opium-coma. 4. In some few instances, Dr. Lyons informs us, he has employed capsicum in the delirium of fever, when opium had failed to induce sleep, and with marked success in certain cases.

“As a member of the family of solanaceous plants, capsicum might, *a priori*, have been expected to contain a narcotic principle.—As yet, the alkaloid in which it resides has not been isolated; but, in some researches on the subject, conducted at the request of Dr. Lyons, M. Alphonse Gages, a distinguished member of the chemical staff of the College of Sciences for Ireland, has found sufficient indications of its presence to warrant him in predicting its ultimate detection and isolation. It will, Dr. Lyons expects, form a valuable boon to practical medicine, when isolated and eliminated from the acrid oils of the capsicum fruit.”—*Brit. Med. Journal*, Nov. 7, 1868.

BAPTISIA IN INDURATED INGUINAL GLANDS.—Dr. Waldron (*ibid.*) gives a case of inflamed inguinal glands of the right side, from cold. No pain except when standing. Cured with *Baptisia*.

NUTRIMENT OF BEER.—Prof. Liebig says that 1460 quarts of the best Bavarian beer contain exactly the nourishment of a two-and-a-half pound loaf of bread.

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ORIGINAL COMMUNICATIONS.

The Spleen.*

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THE spleen is one of those organs which are known as ductless glands. It is situated in the left hypochondriac region, and embraces the cardiac end of the stomach. Its external surface rests against the diaphragm opposite the ninth, tenth, and eleventh ribs. Its internal surface is in relation, in front, with the great end of the stomach; below, with the tail of the pancreas; and behind, with the left crus of the diaphragm and corresponding supra-renal capsule. On the internal surface is a large fissure, or rather several large irregular openings, for the entrance and exit of vessels. This fissure is called the *porta lienis*, or gate of the spleen.

The color of the organ is a dark, bluish red; its texture soft, spongy, and highly vascular; its shape irregular and variable, but generally a section of an ovoid.

Its size and weight "are liable to extreme variations at different periods of life; in different individuals; and in the same individual under different conditions." Generally it is about five inches long, three inches wide, and one and a half

* Extract of a lecture delivered before the class in March, 1869.

inches thick, and weighs from five to seven ounces. In infancy its weight, as compared with the weight of the entire body, is as 1 to 350; and in middle life the proportion varies from 1 to 320 to 1 to 400. In old age the weight decreases, both relatively and absolutely, the proportion to the entire body being as 1 to 700.

The spleen is held in position by reflections of the peritoneum from the stomach and diaphragm, called respectively the gastro-splenic and splenico-phrenic omenta. The edges of the organ are not unfrequently notched, and occasionally small additional spleens, called *lienes accessorii*, are found connected with it. When these exist they are round, and not larger than a hazel-nut.

The spleen consists of a serous coat, a fibrous elastic coat, and a soft parenchyma.

The serous coat is furnished by the peritoneum; it is thin and smooth, and adheres so firmly to the fibrous elastic coat that it can be dissected off only in fragments. At the upper end of the organ it is reflected over to the diaphragm; at the porta it is reflected over to the great end of the stomach.

The fibrous elastic coat constitutes the exterior envelope of the spleen. At the porta it is reflected inward upon the vessels, so as to form their sheaths. From these sheaths, and also from the inner surface of the elastic coat, there are numerous prolongations traversing the organ in all directions. These prolongations, or *trabeculae*, as they are called, are slender, ribbon-like cords, which, by their frequent branching and mutual interlacement, divide the organ into numerous minute cavities, and thus form its cellated structure or areolar framework. The elastic tissue in the trabeculae, in the vascular sheaths, and in the proper tunic of the spleen, imparts to the organ a considerable amount of distensibility, and thus peculiarly adapts it for the extreme variations in size to which it is liable. With very little force it may be made to dilate to many times its original size. "This is especially the case in the spleen of herbivora; for the spleen of a sheep, weighing four ounces, may be easily made to contain thirty ounces of water."

The parenchyma of the spleen is composed of the pulp and the Malpighian corpuscles.

The pulp is a soft, reddish substance, not unlike grumous blood, and consists of at least three elements, viz.: 1, the smallest blood-vessels; 2, microscopic fibres and trabeculæ; and 3, peculiar cells.

The minute blood-vessels are subdivisions of the splenic artery. They are very numerous, and constitute a network everywhere throughout the parenchyma, passing around the Malpighian bodies, and even traversing their substance.

The microscopic fibres are very numerous, and are composed of white, fibrous tissue; the trabeculæ are composed of areolar tissue, and measure from $\frac{1}{2400}$ to $\frac{1}{1200}$ of an inch in diameter.

The peculiar cells are round and uni-nucleated; they have no special investment, and lie in direct contact with the sheaths of the vessels, the trabeculæ, and the sheaths of the Malpighian bodies.

When a portion of the pulp is pressed, a liquid is separated which is commonly known as the *liquor lienis*, or splenic blood. If this liquid is diluted with serum and examined with a microscope, it is found to contain globules similar to those found in the blood, lymph, and chyle.

The Malpighian bodies may be regarded as the distinguishing anatomical elements of the organ. They are white, rounded masses imbedded in the pulp. They are very abundant, and average about the one-sixth of a line in diameter. They are always attached to an arterial twig, and either rest upon it laterally, or are situated at its point of bifurcation, or are transfixed by the artery itself. In the spleen of the ox they are readily visible to the naked eye, but in carnivorous animals, and in the human subject, they are not so easily distinguished. They consist of a closed sac or capsule, containing a white, viscid, semi-fluid substance, composed of granular matter, nuclei, and nucleated cells. In a healthy spleen they exist at every period of life, but are more distinct in youth than in age. In ill-fed animals they diminish in number and size, and finally disap-

pear altogether. In well-fed animals, on the contrary, they are quite large, and particularly so if the animals are fed on albuminous food.

The spleen is supplied with blood by the splenic artery, which is one of the three branches of the Coeliac Axis. The artery of the spleen is remarkable for its large size in proportion to the size of the organ, and for the extreme crookedness of its course. Before it enters into the porta it divides into five or six branches.

The nerves of the spleen are derived from the splenic plexus, and accompany the branches of the splenic artery into the interior of the organ.

In its minute structure, the spleen is analogous to the lymphatic glands, and to the *glandulæ solitariae* and the *glandulæ agminatae* of the small intestine. It has a glandular structure, but no excretory duct; and in this latter respect it resembles also the thyroid and thymus glands, and the suprarenal capsule. These organs, inasmuch as they have no duct, and apparently no distinct secretion, cannot properly be called glands; and hence Todd and Bowman suggested for them the designation of "ductless glands." There is little doubt, however, that the ductless glands do produce a distinct secretion, and that the veins perform for them the part of excretory ducts.

In their passage through the gland the veins absorb the secretions it elaborates, and the secretions thus taken into the blood, modify the composition of that fluid by supplying it with materials which it did not previously contain.

Great uncertainty exists in regard to the function of the spleen, and many hypotheses have been advanced as to the processes that go on within it. Many physiologists regard it as in some way auxiliary to digestion; others think it a sort of brain appendage to the organic nervous system; others say it is a blood-disc factory; others that it is a blood-disc disintegratory; and others still that it is a kind of diverticulum or reservoir intended to relieve the portal venous system from undue distension under various circumstances. This last theory is plausible—at least it corresponds best with the

cellated structure and the great distensibility of the organ.

Experiment proves that if, from any cause, the portal system be congested, the spleen will be immediately affected. In one case mentioned by Carpenter, where the portal vein of an animal was tied, the spleen, which previously weighed but two ounces, was found to weigh twenty ounces. It will be borne in mind that the portal system is destitute of valves, and that the splenic vein has consequently free communication with the whole of that system. Suppose, then, that the liver is torpid, and its secreting action so feeble that the portal circulation is partially checked; or, suppose that the intestinal canal is distended with food, that there is a heavy pressure on the intestinal veins, and that those veins are absorbing a large quantity of fluid: in either case congestion must follow if nature had not provided for the accommodation of the fast accumulating fluid; and in both cases the spleen affords a reservoir into which the superfluous venous blood may be directed.

The experiments of Dr. Dobson prove that the spleen is subject to regular variations in size, and that these variations are governed by the varying condition of the abdominal circulation. That author found that the organ gradually increases in size from the third to the fifth hour after a meal; that at the fifth hour, or about the time when the process of chymification is at an end, it has attained its maximum volume, and that it gradually decreases after that period. From these facts Dr. Dobson inferred that the increased quantity of blood which the system acquires from the food, swells the volume of the circulating fluid to such a degree as to overtax the vascular capacity, and that, to obviate this difficulty, a quantity of blood is stored in the spleen until the process of secretion has so reduced the volume that the whole can, without danger, be admitted into the blood-vessels. Two important facts are cited in confirmation of this view: first, "that the spleen rapidly increases in bulk after the ingestion of a large quantity of fluid, which is absorbed rather

by the veins, than by the lacteals;" and secondly, "that animals from which the spleen has been removed, are very liable to die of apoplexy if they take a large quantity of food at a time; but if they eat moderately and frequently they do not thus suffer."

Whatever may be the function of the spleen, it is certain that it performs no action absolutely essential to life. It may be entirely removed in many of the lower animals without any permanent injury; and even in man its loss is not followed by any serious impairment of health. The most constant and permanent effect of its removal, in the lower animals, is an unusual increase of appetite. Dogs that have been subjected to this operation will feed upon the flesh of other dogs, and even upon the entrails as they come reeking from the abdomen of the recently killed animal. Their appetite seems insatiable. Food of every kind they devour greedily and in enormous quantity, and yet suffer no inconvenience therefrom. Their digestion seems perfect; and they soon gain considerably in weight.

This physiological fact is put to a practical use in some countries. Hog raisers are in the habit of removing the spleen of such hogs as they intend to make fat, and the result is a very rapid increase in the weight of the animal.

"Another effect that usually follows the removal of the spleen is an unnatural ferocity of disposition. The animal will frequently attack others of its own or a different species, without any apparent cause, and without any regard to difference of size and strength. This symptom is sometimes equally excessive with that of an unnatural appetite; while in other instances it shows itself only in occasional outbursts of irritability and violence."

Some physiologists, as Bennett, Gerlach and Schaffner, regard the spleen as the organ in which the blood corpuscles are formed. Others, as Kölliker, Ecker and Scherer, regard it as the organ in which they are disintegrated.

It cannot be doubted that the spleen has considerable influence over the condition of the blood. When the organ has become permanently enlarged, as is often the case

in malarial regions, the blood is found to be thin and watery.

There is probably no organ in the body more liable to congestion than the spleen. A recession of blood from the surface from any cause whatever, always produces in it a temporary enlargement. Such recession takes place in the cold stage of all diseases, but especially in remittent and intermittent fevers. During "the chill" the blood is driven from the surface to find a reservoir in the spleen, which in consequence gradually enlarges, until, in some instances, it becomes four or five times its normal size. And it sometimes happens that the accumulation of blood is so great as to cause rupture of the spleen and death. Professor Paine, of Philadelphia, had a case of this kind to occur in his practice: "During the chill," says he, describing the case, "the spleen became enormously distended, the patient was seized with violent pain in the left hypochondrium, which was soon followed by syncope and death. The autopsy revealed a spleen weighing eight to ten pounds, ruptured nearly its whole extent, and the escape of a large quantity of blood. There was no alteration in the structure, and the congestion was of an acute character."

Enlargement of the spleen is known, in malarial countries, as "ague-cake." If it is very extensive it may interfere with respiration and the action of the heart, by crowding upon the latter organ, and by preventing the descent of the diaphragm.

Persons suffering from enlargement of the spleen have a sallow complexion and a sickly look. The enlargement itself is not usually painful unless from peritoneal involvement, but the patient is more or less liable to hemorrhage, and suffers from irregularities of the bowels and dyspepsia. It not unfrequently produces dysmenorrhea in women, and spermatorrhea in men.

Progressive Locomotor Ataxia.

BY HENRY C. COOPER, M. D.

THIS disease results from exhaustion of the nervous power. It is associated with atrophy and degeneration of the posterior columns of the spinal cord, and is usually regarded as the consequence of this lesion of the nerve fibres.

It manifests itself by a failure of co-ordinating muscular movements. The individual who is thus affected walks with difficulty. His gait is staggering and uncertain. His feet are thrown spasmodically forward, as if jerked by an invisible agency, and come to the ground with an unusual degree of force.

The movements are irregular, and the irregularity is increased when the attention of the patient is diverted so as to prevent him from watching them.

He is unable to stand a moment with his eyes closed. Sudden and severe pains are liable to occur at intervals in circumscribed parts of the body, affecting different localities at different times. These pains are frequently absent for weeks, but recur unexpectedly from time to time.

The muscles and nerves of the visual apparatus are implicated. Strabismus, double vision and amaurosis occur from disorder of the third and sixth pairs of cranial nerves, and atrophy of the optic disk.

The hearing and speech are impaired in the progress of the disease from a similar cause. There is occasionally temporary paralysis of a particular part of the body, as of one finger.

The disease commonly affects first the lower extremities, and then extends to the upper. The patient loses sensibility in the soles of his feet, and feels as if the feet were separated from the ground in walking by an elastic cushion. The prognosis is regarded as exceedingly unfavorable, and no satisfactory treatment is known.

The following case presents many interesting features, and the treatment pursued has resulted so successfully that it

seems to me desirable to put it on record, in the hope that benefit may accrue to others. It is still questionable whether the lesions of the spinal cord are not secondary in some instances. At all events, there are cases presenting all the signs that are supposed to indicate the existence of an atrophied condition of the posterior spinal nerve fibres which prove amenable to treatment.

The physician who undertakes the care of a patient affected with ataxic symptoms proceeds with the conviction of its incurability. His patient is regarded as doomed to a lingering and hopeless malady. Nothing more beneficial is expected from treatment than a brief extension of the term of the sufferer's existence, and an occasional temporary relief from intercurrent functional disorders.

The remedies recommended are almost wholly empirical. Some peculiarities existed in the present case, but there were in the progress of the disease almost all the more characteristic marks of ataxia, and although some of the details may not be essential to the description, I have thought best to record them in full.

T. W., aged forty-six years, presented himself at my office for advice on the fifth of December, 1868. He was born in England, married, twenty year ago, and at the time his last sickness commenced was employed as watchman by one of the city railroad companies.

His wife gave me the following history. He has been an invalid for the greater part of his life, though possessed of a good constitution. Before marriage he resided seven years in the West Indies, during the first four of which he enjoyed good health.

In the last three years of his residence there he suffered a good deal from bilious fever. He returned to England and remained there four years, during which time he married his present wife. His health was not good, but did not consider himself ill enough to employ a physician.

He then came to this country, and had an attack of bilious fever every August until ten years ago. Since that time he has resided in Brooklyn, and has had no decided attack of

fever until last summer, but has been almost continually under treatment. His medical attendant told him his disease was a "sluggish condition of the liver." In August last he became so ill that he was obliged to remain in bed for a week.

He then resumed work, but had to give it up after a fortnight, and has been unable to follow his avocation, or to do any manner of work since.

His physician called his present condition "Dumb Ague." About six years ago he fell against a car while assisting in placing it on the track, and hurt his shoulder. Remained at his duties until evening, but when he got home was obliged to call in a physician, who bandaged his arm and shoulder. Is certain that his shoulder was not dislocated, and that none of his bones were fractured. Was told the sinews were displaced.

Had suffered for a long time from stiffness in the back of neck, and weakness of the loins, and often found it difficult to straighten himself after stooping. Since his fall against the car his right arm has always felt stiff and numb, and he has applied various kinds of liniment for it without obtaining any benefit. Some of these were prescribed by the physician who bandaged him, and who had treated him during the period of his last illness.

Examination of the shoulder exhibits no deformity. The muscles of the right arm are softer and less full than those of the left, but the difference is slight.

He finds it difficult to raise moderate weights without the assistance of the left hand, and for a long time his right arm has hung by his side in walking. There is, however, no true paralysis.

He has the appearance of having been an active, hard-working man. His health has never been good since he came from England to this country. His appetite is almost always disordered, and his tongue constantly coated. His bowels are constipated, and is obliged to relieve them by taking pills. Has given up all hope of getting well; but applies to know if the extraction of some of his teeth would relieve a neuralgic pain from which he suffers.

The symptoms now presented in his case are great weakness and emaciation ; sallow countenance, expressive of anxiety and distress ; eyes have a staring, amaurotic appearance, pupils much dilated, and the movements of the iris on exposure to the light are slow and imperfect ; tongue covered with yellowish fur ; abdomen distended with flatus ; bowels constipated ; no tenderness over abdomen, and no evidence of hypertrophy of the viscera ; urine ammoniacal and loaded with sediment of a dingy yellow color ; walks with a staggering and uncertain gait and requires assistance. Refers his disease to hardship and exposure in early life, and considers his "constitution worn out."

I prescribed the following :

R. Podophyllin, gr. iij., Leptandrin, gr. vj. ; Dioscorein, gr. iv. ; Potass Bitart, gr. xij. ; M. Div. in Ch., No. 12.

One powder to be taken every morning and evening.

Although the pills he had been using to relieve constipation contained a portion of Croton Oil, these powders were found to produce very copious liquid stools, and were after two days limited to one daily, and on the fifth day discontinued altogether.

I did not see him again till the 16th of December, when by request I visited him at his house.

Found him too weak to raise himself in bed, but with more buoyancy of spirits than when seen before. He said he felt better than he had for a long time, but was unable to account for his extraordinary weakness. His abdomen had resumed its normal condition, and his stomach felt easier. His tongue was clean and his countenance cheerful, but his eyeballs continually vibrated with a rapid motion from side to side.

His voice was low, and he complained of deafness in the right ear and an irritation of the throat. He thought it probable that he had caught cold, though he did not remember any special exposure. His wife said he threw his arms around her when asleep without being conscious of it, and she occasionally got a smart blow, which awakened her. This habit has existed for a considerable time.

I prescribed nourishing diet, oysters, soft boiled eggs, beef extract, and such vegetables as he found to agree with his stomach. Ordered syrup of phosphate of iron, quinine and strychnine, in twenty drop doses, three times a day, and teaspoonful doses of compound syrup of rhubarb and potassa when required to keep the bowels open.

Since the treatment commenced his bowels had been readily acted on, but were inclined to be constipated when medicine was discontinued.

Dec. 24. His condition has improved and he can now sit up in bed. Deafness has disappeared, voice low and a little husky, vibratory motions of the eyeballs less marked. Complains of stiffness in right arm and pain in right thigh. Directed him to percuss the deltoid across its fibres with the edge of the open hand, and ordered a liniment of chloroform and aconite to be applied to the seat of pain in the thigh. Medicine and diet to be continued as before.

Dec. 26. Eyes much steadier, countenance bright and tongue clean.

Has chilly sensations every day at irregular hours, with blueness of finger nails, and complains of "wind in the stomach." Urine has become much clearer, and its odor is no longer offensive. Raises himself in bed without assistance for the first time since treatment commenced.

Complains of sensation of weight and fulness in the back part of the neck, which has existed for a long time. Ordered him to be bathed with lukewarm water and spirits, being careful to avoid exposing any part of the surface for a longer time than necessary. To take

R. Quinæ Sulp. scr. j.; Acid. Tannic. gr. xv.; Syr. Zingiberis, ʒ ij.; Aq. Menth pip., ʒ ij.

Tablespoonful three times a day.

Jan. 2, 1869. Strength increasing daily, and condition altogether improved, but countenance sullen, and chilly sensations coming on every day, either in morning or afternoon, but in no definite order.

Has had no sweats since treatment commenced. Formerly has frequently perspired in the morning so as to wet the

bed, and was much weakened when this occurred. Bowels inclined to be constipated.

R. Tr. Podophylli, 3 ij.; Tr. Leptandræ, 3 xij.; Syr. Rhei et Potass. Co., 3 ij.

Tablespoonful doses daily if bowels do not operate without. Continue quinine mixture.

Jan. 4. Chilliness less in degree. Substituted pills of quinine and salicine for the mixture, and continued use of purgative as ordered.

Jan. 12. Pills do not act as efficiently as the mixture.

Discontinued medicine a few days, but does not feel as well since.

Eyeballs oscillate more rapidly. Nervous system greatly depressed.

Is peevish and gets angry without just cause.

Demands that his family shall go to bed at an unusually early hour (about 7 P. M.), and accuses his wife of being unwilling to spend money for his medicine, and his entire family of being indifferent to his welfare.

His wife appears greatly distressed, and fears his mind is becoming impaired. Says he is weaker than he was a few days ago, but admits that his condition is much better than when I first saw him.

Has increased so much in weight that his wife is no longer able to raise him in bed, as she could easily do when treatment commenced.

Prolabia pale, pulse quick and feeble.

R. Sulph. Quinine, 3 j.; Tr. Ferri Chlorid, 3 ss.; Syr. Zingiberis, 3 ij.; Aq. font., q. s. ad. ft. mist., 3 viij.

Tablespoonful three times a day, and a pill of assafœtida (4 gr.) with each dose.

Jan. 28. Has continued to improve steadily for some time, and has been able to sit up a part of each day, retiring when fatigued.

On two or three occasions when he got out of medicine felt weaker and suffered from flatulence.

Appetite is improving, and says his stomach is stronger than it has been for months.

When he first got out of bed he walked with his body bent forward as if about to fall, and just able to advance the foot in time to prevent it. He now walks erect, but requires assistance after a few steps are taken, and has a tottering gait. His feet are thrown forward with irregular, jerking movements, and are sometimes elevated more than necessary. They are placed on the ground forcibly, as if stamping, and he is not able to get along when his attention is diverted. With his eyes closed he is unable to stand an instant.

The grasp of his hand has very little power, and he seizes articles with the palms upward, as though apprehensive that he cannot retain them. Occasionally, when taking hold of anything, his hand clutches it spasmodically, with considerable force, but the act is involuntary, and he cannot continue the effort.

His eyes are now almost always steady, and his vision is better.

Thinks he walks better in a partially darkened room than in a strong light. Hearing is perfect. Still complains of stiffness in the right arm and fore-arm. Regards it as the result of the injury to his shoulder. Has a very painful sensation in the centre of the palm of the right hand, and has occasionally felt shooting pains in right arm and in both thighs; at one time affecting one part, and appearing at another in a different locality.

These pains were noticed by him when he first got sick, but they have been absent for a long time, until within a few days.

Discontinued assafoetida pills, and in place of quinine mixture he has been using, prescribed

R. Syr. Phosph. Ferri, Quiniæ et Strych, 3 iij.; Quinine Sulph., gr. v.; Tinct. Ferri Chlorid, gr. xv.; Tinct. Zingiberis, 3 v.; Syr. Simplicis, 3 iij.; Aq. Menth., pip.; Aq. font, aa 3 ij. M.

Tablespoonful three times a day,

Purgative mixture as before, in teaspoonful doses every morning.

Jan. 30. Improves rapidly, Walks much steadier, and

most of the symptoms relieved. Sense of fullness in back of neck. Stiffness of arm increased, and appetite poor.

Bowels are kept regulated by the medicine, but will not operate without its use. Ordered to continue medicine and apply a large blistering plaster between the shoulders.

Feb. 2. Was able to walk quite steady this morning, and told his wife if I did not get to his house he intended to visit me at my office. At 2 P. M., when I saw him, he was less steady. His nervous system is very irritated and his temper easily excited. His wife thinks when any delay or disappointment occurs at the expected time of my visit, he becomes anxious, and his difficulty in walking increases. Shortly after my last visit he ejected a quantity of frothy mucus.

Felt nauseated this morning, and I learned for the first time that he had at frequent intervals for years, habitually vomited his food soon after taking his meals. Has always been a temperate man. No vomiting has occurred previously since I have treated him. His appetite is poor.

Ordered Trisnitate Bismuth, 3 ss., to be divided into eight parts, and one taken every six hours. Desired him to call at my office at the end of a week if able.

Feb. 8. Visited me at my office. Walks pretty well with his wife's assistance. Said he walked ten miles on Sunday.

Nervous system excitable. Complains of pain in chest and shoulders, and along right fore-arm.

Little finger of right hand seems paralyzed. Finds it difficult to hold things in that hand. Cannot get his coat off or on without aid, and says he has not been able to do so for several years. Cannot raise his right arm perpendicularly unless he uses his left hand to assist it.

Urine is scanty and high colored, scalds him when voided. Vision is imperfect. Applied one pole of a galvanic battery to the nucha, and placed the other in the patient's right hand, using sponge electrodes.

Passed current through the upper extremities in turn, and along facial nerve of left side, the eye of that side being most complained of.

When I told him to put on his coat he said he could not, but would try. Did it without help easily, and kept rolling and unrolling a woollen tippet about his neck, as if to assure himself of his power to do so.

Said he had not been able to do this for years. Continued treatment with addition of thirty drops Tincture of Agrimony twice a day, and repeat blister, placing it a little lower down the spinal column.

Feb. 16. Said his eyes had been stronger and voice better since his last visit, and he can now bend his little finger so as to touch the palm of the same hand with it. He walks much better, and gains flesh and strength daily. Tongue slightly coated, but appetite pretty good. Electricity applied as before to arms. Medicine continued.

Feb. 20. Walked to my office, a distance of nearly three miles.

Every way better.

After applying direct current as before, placed one electrode in each hand and passed interrupted current through the arms.

March 2. Sees better than for a long time previous to treatment.

Appetite poor and tongue coated. Voice weak and speaks low.

Muscles of arm increasing in volume and power rapidly.

Pain in lumbar region and stiffness of neck. Face flushed.

Applied electricity to arms.

R. Potassii Bromid; ʒ ij.; Tr. Valerian Am., ʒ ss.; Syr. Pruni Virg., ʒ ijss.

Tablespoonful three times a day.

To apply the following liniment along the spine twice a day.

R. Ol. Stillingiæ Ol. Lobelia, aa. ʒ ss.; Ol. Cajeput, ʒ ij.; Alcohol, ʒ iss. M. ft. Lin.

Feb. 27. Resumed his work Saturday, and has continued at his business since without interruption. Says his health is better than it has been for many years.

His pain in the back is entirely gone, though he had suffered from it before he went to the West Indies. For six years he had been unable to lift his dinner-kettle in his right hand, or raise it to his head.

He is now able to raise with it a horse-bucket full of water.

The muscles of the arm and fore arm are becoming firmer and more developed. His bowels are regular, and his appetite excellent. His wife thinks his appearance is better than it has been for years past. His voice has recovered its tone, and he can hold his hands horizontally with great steadiness.

Beyond a little excess of nervous excitability he appears quite well.

Advised one or two more applications of electricity at intervals of a week.

Whatever views may be held regarding the character of this affection, its progress has been remarkable, and the treatment employed has been directly beneficial.

There seemed to be no evidence of a syphilitic taint about the system of the patient. He has resided a great portion of his life in malarious districts of the country, and has taken a great deal of mercury. After the condition became so far improved as to admit the application of electricity, his progress towards recovery was surprisingly rapid.

Its advantages were altogether beyond my expectations, although in my limited experience with this agent the results have been uniformly favorable.

At the present date the health of my patient seems completely re-established, notwithstanding the unusually discouraging features it presented at the outset.

BROOKLYN, N. Y., 9 Putnam Av., March 13, 1869.

Treatment of Cystitis.

BY T. J. WRIGHT, M. D.

BEFORE entering upon the treatment I may remark, though distressing and very annoying to the patient, it readily yields

to remedies properly selected and judiciously used. In the acute form, and in the early stage, it is good practice to place the patient at rest in bed, and if possible treat her to a hip-bath of warm water in connection with warm vaginal injections, followed by leeches to the lower abdomen, should the pain be severe and annoying. An opiate vaginal or rectal suppository of from half a grain to a grain of sulphate of morphia, once or twice a day, will be found very soothing and pleasant to the patient. The urine should be rendered as bland as possible by the timely administration of alkalies in demulcent infusions, or the most bland diuretics in connection with sulphate of morphia frequently administered to meet the indications of the case. After the early symptoms have passed away and the muco-purulent secretion has commenced, it will be both prudent and proper to commence washing out the bladder with warm opiate injections. The catheter at first is very liable to be attended with more or less pain in its introduction, but that should not deter any one from its use, nor will it, when the practitioner and patient fully understand the good results which will flow from it; after a few days, however, the pain almost entirely subsides, or at least so much so as to inspire hope in all interested. The act alone of washing out the bladder relieves the patient of the alkaline state of the secretions, the accumulated mucus and the entangled crystals which, if allowed to remain, would constitute a great source of annoyance to the patient. First of all, I wash out the bladder with warm water slightly acidulated with a few drops of nitric, hydrochloric or acetic acid, as first recommended by Sir Benjamin C. Brodie and since by Mr. Henry Thompson. I am in the habit of using at first from three to six ounces, which in many cases is all that can be at first tolerated. If more cannot be borne, I then repeat the same quantity, which in a very large proportion of cases is all that will be required. After which I dissolve one grain of morphia in an ounce of slightly acidulated water, which is thrown into the bladder and allowed to remain as long as it can be borne, which should be repeated morning and evening. In throwing in the fluid the greatest

care should be observed, and gentleness in the manipulation; an ordinary gum-elastic catheter will answer the purpose very well, and a gum-elastic ball holding the quantity required with a tube fitted to the catheter. Care should be observed not to pass the catheter beyond the neck of the bladder, for the reason that the mucous membrane is very sensitive when in an inflamed condition; and should it be, would cause the patient much pain and unnecessary suffering. Although some temporary distress is caused by the operation—and this the patient should be informed of—yet the good results are so apparent that the temporary suffering dwindles into insignificance when compared with the benefit derived from the injections. When I first commenced the use of acidulated injections, I was, in consequence of the suffering complained of, induced to abandon them, and did so to resume them under more favorable circumstances. The first successful case treated in this way, that came under my charge, was in Concert Hall Military Hospital of Bolivar, Tennessee, in the Fall of 1862, brought on by a severe attack of gonorrhoea and the improper use of strong injections. It occurred in a private of the 53d Regiment Illinois Volunteers, and his recovery was so complete as to induce me to put the next patient that came under my charge, under a like course of treatment. I soon arrived at the conclusion that the pain produced by the injections should not deter me from their use in any case in which I thought my patient would be benefited by them. My experience accumulated and my confidence grew stronger; since which I have relied upon that mode in all the cases that have come into my charge both in public and private practice.

In those cases where the urine is ammonical, nothing is so effectual as washing out the bladder with acidulated tepid water. Supposing that inflammatory action should occur a few days after labor, the catheter is introduced, when the accumulated urine passes off, then the warm acidulated water is thrown in and allowed to run away, afterwards the injection of sulphate of morphia, which the patient is directed to retain as long as she possibly can. Under this treat-

ment a marked improvement takes place almost immediately, providing the malady has been simple uncomplicated Cystitis. In all cases the result of parturition I immediately introduce a catheter to make sure there is no retention of urine. Care should be taken in the introduction of the instrument; the point should run along the anterior wall of the urethra, so as to make no more pressure on the posterior wall than is necessary, for fear that it might be, in a softened condition, and easily ruptured, neither should it be passed farther than necessary; as soon as the urine flows it is a sign that it has reached the cavity, for should it be pushed further, it would soon come in contact with the delicate mucous membrane of the cist, and increase the inflammatory action going on. It is recommended to use a catheter with larger openings than is generally found necessary, so as to allow the escape of ropy mucus; should it become choked after this necessary precaution it would be better to inject tepid water to fill the instrument, than withdraw it. Should any case be found after delivery in which the bladder is unable to evacuate its contents, it would be good practice to empty the viscus, morning and evening, by the introduction of the catheter, to be followed by warm water slightly acidulated, containing Sulphate of Morphia.

Cystitis sometimes arises from the misplacement of the uterus, such as ante flexion or retro flexion, with complete or partial retention; the catheter should be introduced to draw off the urine, then the uterus replaced and retained in its normal position. In those cases in which the malady has arisen in consequence of the opening of an abscess into it, the injection of sulphate of morphia into the bladder is of great service.

Lithic acid in the urine but seldom gives rise to Cystitis. A very severe form, however, will be likely to arise from the decomposition of ammonia in the urine in cases of spinal injuries without paralysis. In all such cases the primary causes should be removed as fast as possible. In the one it is not difficult; not so, however, in the other. The washing out of the bladder should be resorted to at least once a day, as heretofore directed.

In the treatment of the chronic form much must depend upon the cause. Sulphate of morphia plays, if possible, a more important part in this than the previous form, and in connection with buchu, pareira, epigea repens (trailing arbutus) and other remedies of a similar character, either in decoction, infusion or fluid extract, will be found amongst our most reliable remedies, and with acids and alkalies to correct the abnormal condition of the urine, should, to a very great extent, be relied upon. In some of the milder forms the vegetable astringents, as uva ursi, gallic and tannic acid, will be found among the reliable remedies of the *Materia Medica*.

It is in this form, however, that we rely most on local treatment. The bladder should first be emptied of its contents, and then washed out with tepid acidulated water, after which one ounce of the lotion should be thrown in and allowed to remain. Providing the improvement is either slow or tardy, it would be well to try an astringent containing one or two grains of tannic acid. A contraction of the organ takes place after the use of this, as in all other astringents, but usually subsides after it has been introduced a time or two. Should the urine be putrid, it would be well to employ the chlorate of potash in the proportion of four or five grains to the ounce of water, or carbolic acid in the proportion of one or two grains to the ounce. I have recently had an opportunity to test the efficacy of chlorate of potash, and am pleased to say that in cases of this kind it may be relied upon as a perfectly safe and efficient remedy.

In those cases complicated with bleeding, I have long been in the habit of injecting astringent solutions into the bladder consisting of tannic acid in the proportion of from two to four grains to the ounce of a weak decoction of *hydrastis canadensis*, and in some cases with marked benefit. In those cases calling for the use of astringents I have derived more benefit, however, from the use of muriated tincture of iron, in the proportion of one ounce of the tincture to ten of water, than from any other remedy of this class which it has been my good fortune to use. The solutions are in gen-

eral allowed to remain in the bladder but a few minutes and then washed out with tepid water. I have recently had under treatment a very obstinate case of hæmorrhage from the womb, which was materially benefited by the injection of several ounces of a solution containing the muriated tincture of iron in the proportion of one to ten of water. It would be well after the astringent solution has passed away to inject an ounce or more of water containing one grain of sulphate of morphia to the ounce into the bladder, to tranquillize the organ, which in my opinion will compensate the surgeon well for all his trouble, and relieve the patient of her suffering, though it may not cure her.

CINCINNATI, O.

PERISCOPE.

Treatment of Croup.

At a meeting of the New York Medical Society, Dr. Jacobi remarked, that the remedies recommended for croup are as numerous as those against any known disease. From this alone we might infer how little reliance is to be placed upon any of them. The less curable any malady, the greater the number of remedies. The reason why so many different remedies have been extolled for this affection is to be found in the number of different morbid conditions which have been included under the term croup. Of this disease there are many different forms, ranging from simple catarrhal inflammation to the very fatal membranous form occurring in diphtheria. Each of these different forms will require a somewhat different mode of treatment. They all, however, have one symptom in common—some obstruction to the passage of air through the larynx. The use of emetics he has seen attended with beneficial results in a certain number of cases, more particularly of the catarrhal form. Also in some cases of the same kind in which fibrinous deposits have taken place, they seem to be serviceable by equalizing the circulation and diminishing the swelling of the mucous membrane and vocal cords. But in cases of croup occurring in diphtheria, with the constitutional disturbance which exists in that affection, emetics are only productive of mischief. Possibly, even in these cases, they may be resorted to remove a

membrane already detached or loose, but only when the evidences of such detachment are unmistakable, for the results of post-mortem examination show how closely adherent these membranes commonly are, and how little we can hope to detach them by emesis. As to the choice of emetics, he would prefer sulphate of zinc or of copper. Tartar emetic is too prone to produce troublesome or even dangerous diarrhœa. The continued use of sulphate of copper in small doses after its first emetic action, though recently again recommended by high authority, has never in his experience been attended with any beneficial results. Muriate of ammonia is not deserving the ecomiums that have been lavished upon it. Although it may be, and probably *is*, serviceable in liquefying the secretions, and thus favoring their expectoration in cases of catarrhal inflammations of the air-passages generally, yet in true croup it is probably of no service whatever. In Germany it is a remedy so common in use, that when a physician is at a loss what to prescribe, it generally presents itself as the most innocent medicament that he can resort to, and this circumstance perhaps best indicates its real value. The chlorate of potassa, or its equivalent, the chorate of soda, he frequently gives, partly because he *must* give something, and partly because of its general antistomastic properties. It is generally serviceable in most inflammatory affections of the mouth and throat, and helps to sustain the strength of the patient. Mercurials are probably worse than useless. He never resorts to them. Respecting inhalations, and topical applications of heat and cold, we must remember that we are dealing with a local inflammation in which there is a dilatation of the vessels, and a constant formation of new cells taking place, and we must therefore guard against the use of any measures that may tend in any way to increase or favor this morbid condition. Warmth, therefore, should be avoided as tending to promote dilations and cell-formation, and cold should be preferred. The constant application of ice to the larynx may be productive of much benefit in a certain number of cases. The inhalation of warm vapor does not appear reasonable or likely to be of any service. There is already too little air entering the lungs, and saturating the atmosphere with moisture must lessen even this little.

The application of nitrate of silver to the false membrane, although at one time much used by him, he does not consider to be of any service. Under any plan of treatment the mortality in croup is very great, rising as high as ninety or

even ninety-five per cent. in severe epidemics, and seldom if ever falling below seventy per cent. Since then so large a proportion of cases are inevitably fatal under any of the plans of treatment that have been proposed, we should look with great favor on any procedure which promised to save even a small per centage of the cases that would otherwise certainly die. Such a procedure we find in tracheotomy, which, although commonly resorted to only in articulo mortis, has yet saved more lives than all other methods of treatment combined. From a number of statistics cited by Dr. Jacobi it appears that even in very bad cases tracheotomy is successful in about twenty per cent., and when resorted to in the earlier stages the percentage of successful cases rises as high as from twenty-seven to forty-five per cent. In his own practice he had saved thirteen out of sixty.

Dr. Krackowizer had operated probably some sixty times, with about the same percentage.

Dr. Krackowizer's Statistics.—Operations of tracheotomy for croup, 56; deaths, 40; recoveries, 16; total, 56.

Causes of Death.—Asphyxia during operation, 1; granulations from cicatrix, 1; exhaustion and pulmonary œdema, 4; infectious diphtheria, 3; scarlatina, 1; descending croup and bronchitis, 30; total, 40.

Dr. Voss had operated about fifty times; the percentage of his earlier cases being even much larger than this.

These results should leave no doubt as to the very great value of this operation, the only indication necessary for its use being obstruction of an inflammatory character in the larynx, threatening death. Scarcely any condition contraindicates it, not even the presence of pneumonia. As to the objection that it is useless when the membrane extends below the larynx into the trachea and larger bronchi, he would only state that we have no means of determining the presence of false membrane below the larynx, and ought not to be deterred from the operation by a mere conjecture.—*American Journal of Obstetrics.*

Medical Education.

The *Medical Record* of this city says that the avidity of the educated classes in seizing upon scientific facts is such that they are willing to listen to the vilest pretenders who foist upon otherwise sound understandings all sorts of special practices and quack nostrums, but it confesses they are not to blame, for the medical faculty has refused to impart the

proper knowledge. It says, also, that medical men have been so accustomed to treasure up their legends, and to hand down their watchwords, as to be oblivious of the changes wrought around them. In every other department of science, the public have been educated to discriminate between true and false doctrines; but in regard to medicine, the faculty stands in the same relation to the people that it did a hundred years ago. It is urged, therefore, that the people should be educated in the general principles sufficient to enable them to judge between true science and quackery, and this notwithstanding it has been said that "a little learning is a dangerous thing," for it is conceded in these days that true knowledge, upon all subjects, must be good; nor need it be feared that persons so enlightened will depend upon themselves, and not call upon physicians when ill. A case is mentioned of a French blacksmith, who showed such aptitude for surgery that means were supplied for his education, but when he discovered how many bloodvessels and other organs are contained in the human structure, he became frightened at his temerity, and returned to his anvil. The best way to begin the reform, according to our authority, is by having physiology, elementary anatomy, and hygiene, become a part of the regular study in our schools and academies; and, in addition, and by a more direct way, through the popular lecture system. If this should be properly done, "there need be no fear that the dignity of our calling will be compromised!" Already has this course been adopted in a few schools with great success, and it is noted that where college students in their undergraduate course have received medical instruction they have not only attained practical knowledge "in regard to the preservation of the health of the body and mind, but they have become rationally convinced of the utter absurdity of all exclusive systems, and of infinitesimal dilutions."

To all this we agree, and we hope the proposed plan will be put in execution throughout the length and breadth of our land. In addition to the advantages named, it is to be hoped that people will learn enough to decide when a doctor is needed, and whether he is fit to be sent for at all. Whether, again, an educated man may undertake to prescribe for himself, after having acquired some medical knowledge, the same as he may pettifog a case before a Justice of the Peace, or partake in the exercise of a week-day prayer meeting, will probably depend upon circumstances, but at present this subject had better not be discussed. Perhaps the fling at "infinitesimal dilutions" is a little ungenerous on the part of

those who formerly carried ponderous saddle-bags, but who now instead carry a small case in the vest pocket, and who formerly let out with the lancet rivers of blood, but who now think no practice so injurious. However, we all live to learn, and we are glad to be told that the common people should no longer remain in ignorance.—*N. Y. Tribune.*

Delectable Food.

The mixture known among the Koraks as *Manyalla* is eaten by all the Siberian tribes, as a substitute for bread, and as the nearest approximation which native ingenuity can make to the staff of life, in a country where no grain can grow. It is also valued as much or more for its medicinal virtues as for its own intrinsic excellence and tastiness. Its original elements are clotted blood, grease, and the half digested moss which is found in the stomach of the reindeer, where it is supposed to have undergone some essential change which fits it for human consumption, health, and happiness. These curious ingredients are boiled up together with a few handfuls of dried grapes, to give the mixture consistency, the dark mass is then moulded into small loaves, which are frozen for future use.—*Putnam's Magazine.*—*Medical Gazette.*

New Diagnostic Sign of Phthisis.

Upwards of twenty years ago Schröder van der Kolk discovered that the sputa of persons affected with phthisis, frequently contained particles of living tissue. Sometime afterwards, Dr. Andrew Clark noticed the same fact. They both adopted a very tedious and uncertain mode of examination. The expectoration was poured out on a flat surface, and particles that seemed to contain elastic lung fibre were picked out with needles and placed beneath the microscope. Considerable care and experience were required for such procedures, and the examiner could never be quite certain that some portions of the lung structures had not been overlooked. Quite lately, Dr. Samuel Fenwick hit upon the idea of liquefying the mucus of the expectorated matter by boiling the sputa with soda, from which the particles of elastic fibre of the lung will always be precipitated.

The recognition of the various tissue elements is a sim-

ple matter, although in some instances the particles are so small, that they resemble a few fine fibres disposed in a circular or semi-circular manner; but in others, small pulmonary vesicles can be recognized, and a number of such cells may be seen united as an irregular fragment. Layers of mucous membrane from the larger bronchial tubes, and branching arrangements of considerable length from the smaller tubes, have often been noticed. In the majority of cases of consumption, we meet with all these different forms of lung structure, in a single specimen of expectoration, and we may estimate the rate at which the disease is progressing by counting the particles, which are thus made visible in the sputa. They do not occur in simple bronchitis, pneumonia or pleurisy.—*Lancet*.

Dr. Keith gives the results of his experience in the use of Carbolic Acid in these Diseases as follows :

During the last six months I have used the carbolic acid in fever, scarlatina, measles, and small-pox, with, I think, some success. I have during that period given it in 600 cases internally. Of these only five have died, and those from complication after, produced by bad nursing. I may state that, during the said time, I have had no less than 1500 cases in all. The deaths including the five above mentioned, are twelve. The other cases were treated in the usual way, with salines, chlorate of potash, &c.

Without going further into detail, allow me to give you the "physiological effects" in few words. 1st, it produces profuse perspiration; 2d, it rapidly lowers the pulse, so much so that in twenty-four hours the pulse will fall from 120 to 60—skin cool and moist, with subsidence of fever; 3d, the tongue, after the same time, will be clean, moist, and, in scarlatina, the soreness of throat much diminished; 4th, after its use for the same time, the appetite continues to improve; 5th, I have found it more useful at an early stage of the disease, although, given afterwards, it very much modifies the symptoms, and carries the patient through the different stages of the disease much more quickly than any other treatment that I have seen; 6th, in some cases the urine appears smoky, as if fine charcoal had been used with it. These are the principal points I have observed from its use. I could give you numbers of cases, but I will at present content myself with the foregoing statement, and simply

add the formula in which I give it—carbolic acid and acetic acid, of each one drachm to one drachm and a half; tincture of opium, one drachm; water, eight ounces. I give a table-spoonful of this mixture every four hours, until the fever, &c., has subsided. Then the after-treatment is simple. I find that, after the first dose, the patients rather like it than otherwise.—*London Lancet.*

On a New and Simple Method of Inducing Artificial Respiration in Cases of Asphyxia from Drowning, Strangulation, Chloroform, Poisonous Gases, etc.

The author then introduces a plan hitherto not known in this country, the invention of the celebrated Pacini, of Florence, which consists in placing the patient on his back on a table or bed, the operator having his abdomen against the head of the patient, placing his hands in the axillæ on the dorsal aspect, and then pulling the shoulders towards him with an upward movement at the same time. The shoulders are then relaxed, then the former movement, and so on alternately. In many cases operated on by this method the air makes a loud noise when it passes the larynx, as in snoring.

The author was so impressed with the excellence of this plan that he determined on his return from Italy to make experiments on it, as suggested to him by its illustrious inventor. He had not long, however, proceeded with these before he discovered two modes considerably superior, and throwing also somewhat in the shade the labors of Marshall Hall and Silvester. In experimenting on the dead subject he employed an india-rubber tube, one end of which was tied in the trachea, and the other communicated with a small spirometer, upon the principle of Hutchinson's, so that the passage of air to and from the lungs could be easily observed by means of a scale showing cubic inches. He found that the simple process of raising the upper part of the thorax from the table by taking hold of the arms caused a considerable influx of air, varying with the angle that the arms made with the body. For instance, if the body were raised by the arms at an angle of 45° (towards the face), the inspiration would amount to, say 20 cubic inches. If the body were lifted by the arms in a vertical direction the amount would be 15 cubic inches, and if pulled up by the arms at an angle of 45° (towards the feet), the amount would be about 10 cubic inches. But by the first of these modes a quantity

of air considerably greater than by Hall's or Silvester's plan was generally obtained.

The best and most simple method, however, which the author has discovered is founded upon those of Silvester and Pacini. He simply places his fingers in the axillæ in their front aspect with his thumbs over the outer ends of the clavicles, and draws, with a certain amount of power, the shoulders towards him. Or relaxing his hold, the shoulders and chest return to their former position, and so on with alternate motion. In this case, therefore, there is only one movement to be effected instead of three, and he avoids the fatigue of having to bear the weight of the patient's arms as well, as is required by Dr. Silvester's method. It has the advantage also of being accomplished in a more rapid manner than any other plan. As far as the author's experiments have gone, the quantity of air inspired at each movement by this plan is about 30 to Dr. Silvester's 20, and as the operation can be conducted with much greater rapidity, the author considers that at least twice the quantity of air can be inspired by this mode than by any other yet known; and he expresses a wish that a subject which is of such practical importance should be further investigated.—*Lancet*.

Sacrifices to Bacchus.

From *St. Bartholomew's* Mr. W. D. Butcher, house-surgeon, gives us a list of 46 casualties, 17 of which were severe enough to require admission into the hospital. Out of these in 5 cases the sufferers were not themselves intoxicated, but their injuries were caused by drunken persons. One person under these circumstances got a fracture of the jaw, with cut head and face; another had a wound of the brachial artery; whilst "fracture of forearm," "scald on arms," and "scalp wound" represent the other three cases.

At *Guy's* 13 cases are reported by Mr. C. Sells, one only requiring admission.

The *London Hospital* admitted 5 cases, and treated as out-patients 21, due to drink. Mr. Butler Rutledge, the house-surgeon, tells us that the whole number of accidents treated was 100. One female had both bones of leg broken by a drunken husband; another had her lip bitten by a drunken man.

From *St. Thomas'* comes a list of 13 casualties, including "a severe bite of tongue." Mr. Albert Bell reports two cases illustrating the proverbial luck of drunken men. A

man was brought in, and found to be uninjured, who had fallen from a hearse; another was struck on the leg by a machine weighing some hundredweights, and escaped with a slight abrasion. These two men "were too drunk to stand when brought to the hospital."

At *University College Hospital* Dr. Squarey, resident medical officer, tells us only 5 cases of the kind were treated.

At *King's College*, on the other hand, no less than 23 casualties are reported by Mr. A. Napper, house-surgeon, as "due to drink."

From the *Middlesex* Mr. G. E. Norton sends us a list of 9 casualties.

Mr. J. K. Kidd tells us that at *Charing-cross* 5 such cases were treated.

At *St. Mary's* 9 casualties from drink were treated by Mr. J. R. Walker.

At the *Westminster* 15 such cases were attended by Mr. J. R. Haynes.

From the *Great Northern* we learn that 4 cases were attended by Mr. P. D. Hopgood, including a serious one of concussion of the brain, produced by a fall from a horse, and a punctured wound from a fall upon a butcher's knife. The latter would probably have been fatal but that the blade, happily, struck against the first false rib.

At the *Royal Free* 13 casualties are ascribed to drink by Mr. T. C. Murphy, the resident medical officer, who tells us that 3 of these were serious enough to require admission.

The total 181 will probably appear small to those who remarked the number of passengers with unsteady gait who filled our pavements. It includes, however, 38 fractures of various bones, fractures of both bones of the leg very largely preponderating, and broken ribs coming next. There were nine dislocations. In 7 instances application was made on account of "retention," and strangely enough 3 of these cases were relieved at one hospital. The radial artery in one case, and the brachial in another, were wounded by glass. Cuts, sprains, bruises, and lacerations complete the catalogue of ills resulting from the mirth of Boxing-day.—*Lancet*.

On Carbolic Acid in the Treatment of Boils, Whitlows, and Abscesses.

As carbolic acid is exciting so much attention at the present time, Dr. Cleborne gives his experience with that article

in the treatment of whitlows, boils, and abscesses. During the past year he has had an unusually large number of these cases on board ship, and being dissatisfied with the usual mode of treatment, he determined to try the effect of carbolic acid. This he did by making a free opening so soon as fluctuation could be detected, and when all of the pus had been discharged by gentle pressure, he either injected or swabbed out the cavity with the ordinary liquid carbolic acid of the shops, after which he applied a cold-water dressing. By this treatment further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days. In some cases, after evacuating the pus, and using the acid, he drew the edges of the wound together with isinglass plaster, and in twenty-four hours it entirely healed.

In the treatment of gonorrhœa, Dr. Cleborne has not been satisfied with the liquid carbolic acid. As an injection, he says it caused too much pain, and seemed to aggravate the symptoms when used even in the proportion of two to five drops to the ounce of water. These objections, it is said, do not apply to the crystallized acid of Merck, or the chemically pure article of Calvert, which may be used for this purpose in the proportion of two to five grains to the ounce of oil of almonds, or diluted glycerin.

Syphilis.

Of this terrible malady the *Lancet* pertinently observes : "When we consider syphilis as a whole, what a marvelous disease it is. It depends upon a virus which readily generates its like ; it is specific in its outward manifestations, and definite in its course. Contrasted with the effects of other animal poisons, how tardily the manifestations are evolved. There is the incubationary stage before the appearance of the local lesion ; another interval, and the various secondary phenomena, separated from one another by broken periods of rest ; and lastly, in some cases, we have a third series, more or less remote, and sometimes separated from the former by many years of average health. During the time that these morbid processes are being manifested in the individual, he is endowed with the power of transmitting a syphilitic taint to his offspring, which shall leave its mark on their tissues years afterward, modifying the products of their nutritive and developmental functions in a way which transcends

our power to explain. On what do these cyclical characters depend? and how can we explain a morbid process marked by periods of activity at one time, and latency and dormancy at another? Virchow has attempted to fathom the cause by supposing that each separate diseased tissue is the source whence the infecting elements are derived, their gradual absorption and accumulation in the blood."

The Berlin correspondent of the *Western Jour. of Medicine* gives the following resumé of a lecture by Virchow, on the constitutional changes in syphilis: "Hitherto, we are informed, the outward manifestations of the disease have been the only ones receiving attention. We now know that there exists a whole series of symptoms affecting the internal organs, characteristic of the disease. The brain suffers a softening; the root of the tongue loses its glandular characteristics, smooths off to a polished surface from atrophy of its glands; a chronic pharyngitis, the result of the increase of parenchymal connective tissues; the tonsils is likewise attacked and becomes almost obliterated; the heart assumes an hypertrophy; the pleuræ present cicatrices on their surfaces, from the contraction and retraction of chronic pleuritis; the liver reduces in size and presents the same cicatrices, in the cases before us, extending completely through the right lobe at its outer third, forming a new lobe; the kidney suffers atrophy, becomes exceedingly pale and granulated on its external surface—the surface of section remains smooth; the atrophy is likewise induced by an increase of the connective tissue, an indurative interstitial nephritis."—*Dental Cosmos*.

Treatment of Delirium Tremens.

W. McRea, chief officer of Victoria (*Med. Times and Gazette*), records eight hundred and ninety-eight cases of delirium tremens which occurred in the Melbourne gaol during the past eleven years. In 1864 he began to think that the causes of this affection had been misunderstood, and that congestion and inflammation of the membranes of the brain were the true cause of this disease. Acting on this idea, he began to use leeches in the aggravated cases, applying twelve under each ear: the effect was striking and beneficial. For the last three years this practice has been pursued. An emetic is first given; after it has ceased to operate, a cold affusion is applied to the head, and, if the emetic has not acted on the bowels—which it often does—a brisk purgative

of sulphate of magnesia is given. The patient is then put to bed in a quiet room, under the care of night nurses, who supply him with drink—tea or cold water—and keep a succession of wet cloths to his head during the night. In the morning, if the disease shows no signs of yielding, twenty-four leeches are at once applied. During the course of the day the cold affusion is repeated at intervals of six hours, and if the bowels are not acted on the purgative is repeated. The result of this practice is very striking, the mortality for the last three years till December, 1867, having been 1.1, or little more than 1 per cent. ; and for the first seven months of the year 1868, the mortality has been *nil*.

The Diagnosis of Anal Fistula.

Prof. H. R. Storer (*Am. Journal of Obstetrics*) objects to the following ways in the diagnosis of anal fistula:—First, by filling the rectum with fluid, clear or colored, which is to be forced by muscular contraction downwards through the fistulous canal, and distending the inner opening; second, by injecting the fistula from its outlet, and watching through the anal speculum for the emergence of the fluid at some point within the rectal canal.

He regards both of them as unreliable, and both are difficult of performance. In injecting the fistula, a colored fluid is preferable to any other.

By everting the rectum from within the vagina, the difficulties are at once done away with. The rectal coat is exposed throughout its circumference; it is put upon the stretch and the rugous folds effaced; it is readily kept cleansed, and the smallest drop of fluid driven through the walls at any point, is compelled to reveal its source. By passing a hollow sound, like that of Savage, for applying liquids to isolated points of the mucous membrane lining the uterine cavity, or if the fistula be too contracted for this, by inserting as far within it as can be done, a perforated or grooved probe, and then applying to this a hypodermic syringe, the fluid can be driven directly into the inner opening, if it exist, or against the rectal wall at its nearest points and thus the diagnosis be effected, everything having been brought clearly within view by eversion. So far as he is aware, this method is a new one.

Malignant Disease of the Rectum.

Dr. Alden March, of Albany, New York, in a paper on "Scirrhus of the Rectum," read before the New York State

Medical Society, in 1868, gives the following results of his own observations on this disease: Contrary to the best authorities, malignant disease of the rectum and anus is most often found at the middle or somewhat advanced period of life. Most authors believe that women are most commonly its victims, but this does not accord with his observations, neither as relates to cancer nor to the more common affection of *fistula in ano*, having operated on the male for relief of the latter disease twice where he has once on the female.

The disease has developed in the apparently healthy as well as in the unhealthy, in the vigorous and robust as well as in the feeble, in the active as well as in persons of sedentary habits.

In conclusion, he relates a case of scirrhus of the rectum, in a woman twenty-six years of age, which he removed with success. Stimulants, tonics, and anodynes were used freely; the bowels remained unmoved from the 8th of January, the day of operation, till the 21st of January, some fourteen days. He believes that the ultimate success of the operation was due to the quiescent state of the bowels, till the union of the parts had become sufficiently firm to allow of a faecal evacuation without danger of breaking up the union of the parts, as well as the general good management after the operation.—*Med. Record*.

Treatment of Syphilis of the Rectum.

M. Després, surgeon at Lorraine (*Paris Cor. Med. and Surg. Reporter*), has recently made a study of seven cases of phagedenic chancre of the rectum, and states that these rectal chancres are generally caused by direct contact of the pus which flows from chancres at the vagina, and which trickles down upon the anus. It penetrates by capillarity, in the same way as the pus of vaginitis, which causes an inflammation of the urinary meatus.

The treatment of these phagedenic ulcerations consists in cauterization, with a view of transforming the ulceration into a granulating surface analagous to that of a simple wound. M. Després passes over the chancre by means of pincers, meshes of lint imbued with a solution of chloride of zinc. This solution has the advantage of attacking with great energy, surfaces deprived of their epithelium, leaving the others intact. Large bougies of lint, covered with a pomade of lard

and glycerine, should be kept constantly in the rectum, and be renewed every twenty-four hours.

When ulceration and stricture co-exist, and pus flows from the anus, astringent injections should be used, made with eight grammes of rhatany, two to four grammes of dry chlorate of zinc, and two hundred and fifty grammes of water. On the same day two oil injections should be administered. Dilatation should then be sought by means of india-rubber canulæ.

Fistulæ of the rectum should be cauterized as well as the chancre, since they are equally phagedenic.—*Ibid.*

Insusceptibility of Pigeons to the Toxic Action of Opium.

S. Weir Mitchell, M. D., (*Am. Jour. Med. Sciences*), finds from actual experiments that pigeons are proof against opium poisoning. He injected sulphate of morphia, afterwards forty drops of black-drop (*acetum opi.*) and in ten minutes gave by the mouth, through a tube, fifty-five drops; not a single sign of opium poisoning was detected.

Astounded at an immunity so perfect, he endeavored to discover what amount of opium was needed to cause death, and after various trials, the following final experiment seemed to him decisive; To a large pigeon, which, within the two preceding days, had swallowed forty-two drops of black drop, he gave, between two P. M. and six o'clock *twenty-one* grains of powdered opium in soft pills of three grains each. Except the usual tendency to remain quiet, none of the common evidences of opium poisoning appeared, and the pigeon was well and active the next day.

Sulphate of Soda and Ammonia in the Treatment of Intermittent Fever.

These remedies have been tested in a large number of cases of intermittent fever in the service of Prof. Austin Flint, Bellevue Hospital. The following gave the conclusions arrived at:

1st, That in a few cases the paroxysms of intermittent fever are relieved and possibly arrested by the sulphate of soda or sulphate of ammonia.

2d, That in the large majority of cases these remedies fail entirely to arrest the paroxysms, or to arrest either their severity or frequency.

3d, That these remedies require to be given in large doses for a length of time in order to effect any appreciable improvement.

4th, That, when given in doses sufficient to modify or arrest the paroxysms, they produce considerable irritation of the stomach and internal canal.

5th, That as remedies for intermittent fever they are in every respect vastly inferior to quinine.

Svapnia and Sweet Quinine.—*These preparations have been recently introduced by FREDERICK STEARNS, of Detroit, Mich.*

Mr. Stearns says: "Svapnia is a new and desirable form of opium, purified from all inert matter, such as vegetable fibre, etc., and with the *thebaine*, *papaverine* and *narcotine* of the drug removed entirely. It represents the *anodyne* and soporific properties of opium completely, whereas *morphia* is but one of them. The alkaloids *morphia*, *narcia* and *codeia* in this purified opium are in the combination existing naturally in the drug. It is made by assay; hence its uniformity is as great as that of *morphia*, a very great advantage over crude opium. It is solid and permanent, in scales like citrate of iron, and can be readily powdered or solved in cold water. Patients will bear the svapnia who can not tolerate opium or *morphia*. Its effects are more soothing and hypnotic than either. Those compelled to use opium, habitually, will find this much preferable to crude opium. Medium dose for an adult one grain in powder, pill or solution, and it does not constipate the bowels like opium itself.

The process for making the svapnia was first discovered by Dr. J. M. Bigelow, Surgeon U. S. Marine Hospital, Detroit.

Sweet Quinine.—"The invention of Dr. Wm. Bullock, is a valuable discovery in pharmacy. It divests one of the most important of known remedies of its greatest objections—its intense bitterness. Sweet quinine is as definite a chemical salt as the sulphate (or bitter) quinine, is made direct from the same source—Peruvian bark; has, like it, positive

tonic and antiperiodic power. In sweet quinine each atom of the alkaloid is enveloped in *glicion*, the sweet principle of liquorice, and it forms an aggregation of minute sugar-coated molecules of quinine. Sweet quinine is not offered as a substitute for the sulphate (or bitter) quinine, but to *replace* its use. It may be trusted in the most important and obstinate cases, and it is to be used in all intermittent or other diseases requiring the use of quinine or Peruvian bark. In using sweet quinine the dose is regulated by the experience of the prescriber or user in giving sulphate (or bitter) quinine, adding one-third more, that is, using *four* grains of sweet quinine when *three* of sulphate (or bitter) quinine would be used. The simplest way to take it is to place it on the tongue and swallow it with the saliva or with water, doing away with the necessity of making it into pills or mixtures, or of employing inconvenient means resorted to to help swallow the bitter quinine.

Sweet quinine, if used in *acid or alcoholic* mixtures, has its bitterness instantly developed, and when such are required at the same time, should be used alternately with it, between doses, and are so suggested to be used, as it is often desirable to use acids or spirits with tonics and antiperiodics. When sweet quinine is wished in liquid mixtures, they should be aqueous or syrupy ones. Experience so far with sweet quinine leads to the belief that it is less apt to irritate the stomach than sulphate (or bitter) quinine. The use of an opiate at the same time, in very minute quantity, will correct that tendency."

A Modern Wonder.

Perhaps there is nothing that better illustrates the manner in which science is made obedient to human will than the operation of the telegraph. An interesting example of this is seen in the means recently adopted to accurately ascertain the difference in mean time between Boston and San Francisco. For this purpose the wires of the Western Union Telegraph Company have nightly been connected for nearly a month past, from one side of the continent to the other, and the ticking of a chronometer in Cambridge University has been observed and recorded in San Francisco with a most remarkable degree of accuracy. This is done by connecting the pendulum of the chronometer at Cambridge with the wire in such a manner that the main circuit is broken and

instantly closed again at every beat or tick of the timepiece, and the result is that each second of time, as marked by the chronometer at Cambridge, goes forth from the University on the Atlantic coast, and, with almost the speed of light itself, hurries on over the magic wire, passing through intermediate cities, towns, and villages, across rivers, over mountains, and along the open country, until it finally reaches the recording instrument on the Pacific coast, in all its original fullness of pulsation. The ticks of a clock in Boston are heard and recorded in San Francisco almost in the same instant that they reached the ear of the observer in the first-named place!—*Artisan*.

Syphilis Treated without Mercury.

A physician writes to the *British Medical Journal*: On visiting the hospitals in London and Edinburgh this autumn, I had an opportunity to hear the opinions of the English and Scottish doctors regarding the treatment of syphilis. For this cause I feel desirous to inform you that the use of mercury, as an universal remedy against syphilis, is rejected, and, for the most part, abandoned by the whole Norwegian faculty, as an obnoxious remedy in the treatment of syphilis. This conviction we have gained by the most exact and scientific examinations, having an experience of almost twenty years, during which time the treatment of syphilis without mercury has been successfully performed. We do not need, I fancy, a more sufficient argument than the fact, that after the employment of this drug in syphilis has been abandoned, such severe forms of the disease as carious affections of the bone, phagedenic ulcers, paralysis, mental affections, etc., very rarely have manifested themselves; and even when they have, it has been recognized that these had generally been the consequence of mercury used in a past epoch.

A very intelligent and skilful Norwegian syphilographer, Dr. Owre, has collected statistics of about one hundred cases from the last three or four years; these he has treated without any universal remedy, solely by treatment of the symptoms, and he has not yet been obliged to prescribe mercury for any local syphilitic affection, nor for iritis, nor for laryngitis, etc. These recovered altogether only by treatment of the symptoms, without any particle of mercury. In July last he read a paper to the Norwegian Medical Society,

pointing out his statistics, and the success of his treatment, which is as good, and for many reasons far better than that of the treatment with mercury.

My opinion is, that syphilis is a disease having a cyclic course, like variola and vaccinia, and it requires merely time, never mercury, to pass through the different degrees, and in most cases end in recovery. I quite agree with Dr. Charles Drysdale, in saying, "that the chief point in the treatment of that sad plague of our race, syphilis, is first to get rid of mercury."

I should wish to have been able to refer to some cases explaining this view, and showing the success of the treatment of Dr. Owre; but at present I have not the necessary material with me. I hope meanwhile that I shall have opportunity afterward to hand you a more instructive and complete report.

CHRISTIAN KIÖNIG, M. D.,
from Fredrikstadt, Norway.

Disuse of Bleeding.

Bleeding, which was formerly a favorite remedy in France, being prescribed even in cases of consumption, has now fallen decidedly into disuse. As an indication of the present practice, it is stated that in Paris, at the central bureau of the medical establishments forming the department of what is called "L'Assistance Publique," 6,151 prescriptions and 1,513 verbal consultations were given in the year 1867. Out of these 7,644 cases there were only two in which bleeding had been prescribed. In the year 1852 the number of cases in which bleeding was prescribed amounted to 1,256.

A Cure for Hydrophobia.

The following infallible recipe "for the cure of the bite of a mad dog," was devised by an individual named Crouse, and so high was the esteem in which its virtues were held, that the secret of its composition was purchased from its inventor by the Legislature in 1806:

"1 oz. of the jaw-bone of a dog burned and finely pulverized; the false tongue of a newly foaled colt dried and

pulverized ; one scruple of verdigris raised on old copper by laying in moist earth (the coppers of George 1st and 2d are purest and best). Mix these together, and, if the patient be an adult, give one common sized tablespoonful a day—a reduced proportion for a child—One hour after, give the filings of half a copper of the above kind, or a small increase of quantity of a baser metal, in a little water—repeat the dose the next morning fasting. This, if complied with before symptoms of Hydrophobia have appeared, will effectually prevent the disorder. After the symptoms have appeared, a Physician must immediately be applied to, to administer the following dose, viz.—3 drs. of the verdigris above mentioned with $\frac{1}{2}$ an oz. of calomel. This quantity the Physician need not fear to administer, as the reaction of the venom then diffused through the system of the patient neutralises considerably the powerful quality of the medicine. If in four hours after the patient is not completely relieved, give four grains of pure opium, or one hundred and twenty drops of laudanum.

(Signed) J. N. CROUSE."

It is stated that about fifty years ago : "A Mr. Miller, of Claverack, was bitten by his own dog. The wound healed, and he did nothing, till he felt a loathing of food and shuddering at the sight of water. He sent for Crouse, who said he had never cured any one where the symptoms were so decided ; but Miller was cured, and lived many years. Many animals were bitten by the same dog and died of Hydrophobia."

There may be some difficulty in procuring the ingredients of the above prescription, and the directions for its use may be found rather obscure, but these trifling obstacles being overcome we dare say that in cases where the symptoms are less "decided" than in that of Mr. Miller, it would usually justify its prophylatic reputation.—*Med. Gazette.*

Treatment of Scarlet Fever.

Dr. Charles T. Thompson publishes in the *Lancet* a mode of treatment in Scarlet Fever, for which he claims many and great advantages. On the very first access of the fever, the patient is put into a warm bath, and this is repeated as often as the strength of the patient will allow, or the severity of the attack may require. He says : "The first effect of this treatment is to produce a soothing and refreshing feeling in the patient, to be followed soon by such an eruption on the

surface, of so vivid a color and in such amount, as would astonish those who have never witnessed it. Thus one of the greatest dangers of this fearful disease—the suppression of the eruption—is escaped.”

After the first or second bath appetite usually returns, so that the patient's strength may be supported by light and nutritious food. The excreta from the skin are removed as soon as deposited, thus avoiding the dissemination of the disease. Cuticular desquamation is greatly promoted.

After the bath the body should be dried by soft linen cloths, with as little friction as possible.

It is added that the irritation of internal organs is at once relieved by this treatment, and the various secretions are deprived of their noxious properties, thus removing additional sources of infection. Another advantage is that “a very serious case is soon reduced to a mild one, and the patient recovers in less than half the usual time.”

Dr. Thompson states that during fifteen years in which he has pursued this practice he has never lost a patient from Scarlet Fever, nor can he recall a single instance in which the infection has been carried from the patient to any other person. He also asserts that the terrible sequelæ of this formidable disease are seldom if ever met with after the above mode of treatment.—*Idem.*

Extraordinary Case of Mutilation.

A most extraordinary case of mutilation is now in the wards of Guy's Hospital in the person of a young man, whose wife, it is said, grasping his genitals with one hand, with the other made a cut from above the symphysis pubis downward into the perineum, sweeping close to the anus, and upwards again to the point at which it commenced. By traction “the whole skin thus included was removed, together with one of the testicles, the skin of the penis stripping off like the finger of a glove, and being cut through near the prepuce. The penis, except that it is entirely divested of skin, is undamaged, and so is the testicle which remains. An attempt which was made to gouge out the man's eyes was successful, it is feared, in destroying the sight of the right eye; but the left is probably not much injured. So far as the man's general condition is concerned, it is hoped, and we believe expected, that he will recover; but it is impossible to foretell what will be the state of the genital organs when they have been submitted to the process of granulation and cicatrization.”—*Lancet & Med. Gazette.*

EDITORIAL.

Eclecticism and Homœopathy.

IN a communication to the *American Homœopathic Observer*, Prof. H. P. Gatchell discusses the efforts of his Homœopathic brethren to secure a Chair in the University of Michigan. He condemns the proposed measure in the strongest terms, declaring that such a combination would be disastrous to the prosperity of the institution, and calculated to bring great discredit upon Homœopathy in the end.

In the course of his article he takes occasion to speak of the results of the introduction of a Homœopathic element in the Eclectic Medical Institute of Cincinnati, which experiment, it will be remembered, was tried in 1849.

"I witnessed some twenty years ago this mixing of oil and water, under much more favorable circumstances than those attending the proposed connection at Ann Arbor.

"The Cincinnati Eclectic Medical Institute was at that time in a great degree controlled by the generous mind and brilliant genius of Prof. J. R. Buchanan. Prof. Morrow, the able incumbent of the chair of practice, was also a liberal-minded man; while his brother-in-law, Prof. B. L. Hill and his partner Dr. Hunt, were both inclining to Homœopathy. Dr. Buchanan was emulous of establishing a large Medical University, in which the different schools of medicine should be represented. In this he had the hearty coöperation of Dr. Hill, so far as Homœopathy was concerned, and the frank concurrence of Dr. Morrow; while one or two members of the Faculty looked on with distrust or aversion.

"But in accordance with the views of Dr. Buchanan, the late Dr. Storm Rosa, and myself were appointed to chairs. And though my chair did not belong to the department of practice, yet the first lectures which I gave in the school were given in the spring of 1849 (prior to entering on my proper chair in the autumn) upon the principles of Homœopathy—and this with the approbation of the Faculty. I found Dr. Rosa on his arrival in the Fall to be a kindly gentleman and a well-informed physician. But I am not sure, as I look back on the period during which we occupied chairs in the Institute, that we appreciated fully the enlarged liberality that had invited us in. Dr.

Rosa's course was not as conciliatory as it might have been, and I was by no means blameless in that respect. At all events his chair was abolished at the end of one session. My chair not belonging to the practical series did not bring me so directly in collision with the dominant sentiment of the school. But at the end of the fourth session of my connection it became so hot that I thought best to resign. I could easily have arrayed in my favor a party among the students large enough to have seriously embarrassed the school for a time; but to do so would have been very ungenerous. Accordingly I quietly withdrew. Now, if Homœopathy could not rest in peace, side by side with Allopathy, under circumstances so favorable as those which attended the effort to bring them together in Cincinnati, nothing but utter confusion can result from forcing them together at Ann Arbor. And I for one am glad that the Legislature has declined to compel the unnatural combination."

As the connection of Homœopathy with the Eclectic Medical Institute is a matter of some interest in the history of Eclecticism, and as many of our readers are not acquainted with the reasons which led to the establishment of a chair of Homœopathy, nor the circumstances which compelled its discontinuance, we have thought best to briefly refer to them, more especially, since the facts in the case have been frequently misrepresented.

The Trustees of the Institute, in establishing a chair of Homœopathy were prompted by no considerations of policy, but were influenced by the most just and generous motives. Acting upon the broad principles of that Eclecticism in medicine which appreciates and adopts liberally all improvements from whatever source, they recognized in Homœopathy a valuable contribution to medical science, and determined to afford their students an ample opportunity of becoming acquainted with whatever of truth the system possessed.

The practical workings of this plan were found, however, to be attended with serious evils. A large portion of the Homœopathic profession, so far from appreciating the catholic liberality which had been extended them, manifested the most vehement opposition to the movement, and traduced the motives which led to it.

The following additional objections, presented to the Board of Trustees by Prof. J. R. Buchanan, decided them to abolish the chair.

1. The Homœopathic system is but a limited portion of medical science, and contains practical errors, delusions and false philosophy.

The continuance of the professorship produces a general impression that the Institute sanctions or endorses those errors to which it has merely given a hearing.

2. As the harmony of the school renders it necessary to avoid dissensions among the Faculty, the errors of Homœopathy were left to their own progress without being duly exposed or illustrated by the professors, while the Homœopathic chair was preserved.

3. A special Homœopathic professorship is of no utility whatever at the present time, as the Faculty of the Institute understand thoroughly both the philosophy and the practical details of Homœopathy, and need no foreign assistance to do the subject justice. Nor is it judicious to allow the time of students to be so largely occupied by a course of instruction which embodies so many idle speculations and gross practical errors.

4. Although the Eclectic principles are sufficiently comprehensive to harmonize with all forms of truth, and although the two systems coincide in rejecting blood-letting, mercurial poisoning and other abuses, the Eclectic and Homœopathic parties cannot harmoniously co-operate until the latter shall have changed its character. A party governed by one idea alone, and rejecting everything else, will not harmonize with Eclectic reformers, who hold fast to the results of experience, and present reform in a conservative instead of destructive manner. Since the establishment of the professorship, although a few Homœopathic physicians have manifested a liberal spirit, the great body of the party have manifested, in all their acts and publications, not only the most intolerant bigotry and opposition to liberal medical reform, but an apparent dread of the free investigation of their doctrines by independent minds. By giving to such a party the support and character derived from a professorship in the Institute, additional strength has been given to the opponents of Eclecticism, and favors have been extended to a party which has proved itself unworthy of such a position.

Such were some of the principal reasons which were laid before the Board, and for these reasons the Homœopathic professorship was immediately abolished—not from any especial objection to Prof. Rosa, but in accordance with the unanimous sentiment of the Eclectic medical profession, that the Homœopathic party, notwithstanding its reformatory tendencies, is in reality but a more subtle, modern form of medical hunkerism, the progress of which, although it overthrows the terrible evils of the Allopathic system, tends to delude

and contract the mind, and to hinder the free progress of medical science.

Personal.

PROF. H. D. GARRISON, M. D., of Chicago, has been spending several weeks in New York, on business connected with his extensive Drug House. His firm is one of the largest manufacturers of Eclectic medicines in this country. We learn that Wm. T. Sweet & Co., No. 438, 4th Avenue, New York, are the agents for the sale of all his preparations. This House is now prepared to furnish them to the trade in any quantities that may be required.

B. H. AYLWORTH, M. D., of Oxford, New York, has been in the city a few days completing the manufactory of his Obstetrical Man-akin for the use of the profession. This is upon a different plan from any we have seen, for it illustrates many points connected with the progress and development of Parturition not exhibited by those now in use. As it is intended for the use of the profession generally, it will be noticed again. The Doctor is preparing an article detailing its peculiar advantages, which will be published in a short time.

W. C. COOK, M. D., one of the old graduates of the Eclectic Medical Institute is located at Murfreesboro, Tenn., where he is connected with a large Drug business.

T. L. A. GREVE, M. D., of Cincinnati, made a passing visit to our city a few days since on special business connected with his large Drug House. The purity of his preparations, the accuracy and certainty of their action, has established for them a reputation which has made him a small fortune in a few years.

JUSTIN MCCARTHY, M. D., brother of D. W. MCCARTHY, M. D., of Cincinnati, a graduate of the Eclectic Medical Institute, is now a resident of St. Louis, where he has already established a fine practice. We are much gratified to learn of the intention of several of the Eclectic Physicians locating in that city. St. Louis is one of the finest locations in the United States, and the facilities for practice are sufficient to warrant fifty of our physicians in locating there. Let our co-workers fill up, and command the influence and business of all the larger cities.

DR. THRAILKILL, M. D., one of the most active and energetic Eclectics in the West has been a resident of St. Louis for several years.

He has a large and lucrative practice, and would be glad to co-operate with fifty or a hundred more first class Eclectic Physicians if they will come there and settle. He wants "*live men*."

M. F. LINQUIST, M. D., one of the graduates of the Eclectic Medical College of New York, has permanently located in New Haven, Conn. The Doctor has had much practical experience in his profession, and is not only well qualified to practice medicine, but is in every respect worthy the confidence and support of the citizens of New Haven. We are pleased to know that Drs. Robinson and Langdon, who are already fully established in practice there, are giving him their full co-operation, and that already he has enough business to warrant him in his conclusion that he has selected a good location.

W. R. MERWIN, M. D. A few months since we noticed the fact that the Doctor had removed from this city to Davenport, Iowa. His stay in that city was only a few days. He is now located at Middle Granville, New York, where he is pleasantly situated, with all the facilities for doing a fine business.

D. F. BLAGG, M. D., of Gallipolis, Ohio, a graduate of the Eclectic Medical Institute, wishes to form a professional relation with some established Eclectic practitioner, where he is willing to do any reasonable amount of the labor, if he can have the benefit of the practical experience of his associate. Any physician who wishes to make such an arrangement, will find Dr. Blagg a man of industry, energy, and in every way worthy of the position.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

THE CHICAGO MEDICAL TIMES.

We have received the March number of this valuable monthly journal devoted to the interests of Eclectic Medicine and Surgery. It is ably conducted, under the editorial management of Drs. John Forman and R. A. Gunn. Its pages are full of matter of practical value and interest, and we would cordially commend it as deserving the confidence and support of the profession.

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Edited by E. Noeggerath, M. D., and B. F. Dawson, M. D.

We have received the February No. of this periodical. The original department contains several elaborate articles of great value

and scientific merit. With this number the first volume is completed. Owing to the remarkable success of this journal the publishers have decided to add 54 more pages, making in all 182 pages, commencing with the May No. (1869). The name of Dr. A. Jacobi has been added to the Editorial department, who will have special supervision of the department of Diseases of Children. The journal is well worthy the patronage and support of the profession.

NEWS AND MISCELLANY.

[For the Eclectic Medical Review.]

IOWA STATE ECLECTIC MEDICAL ASSOCIATION.

THE second annual meeting of this Association will be held in the City of Davenport on Wednesday, May the 12th, 1869, continuing two days. It is desirable that all members be present, and that all true Eclectics in the State who are not members, embrace this opportunity of becoming members. Business of importance will engage the attention of the Association.

A goodly number of interesting Essays will be presented in both medicine and surgery. We expect Prof. R. S. Newton, M. D., of the Eclectic Medical College, New York. Profs. A. J. Howe, M. D. and J. M. Scudder, M. D., of the Eclectic Medical Institute of Cincinnati, and other distinguished visitors, to be present.

We hope the Eclectic Physicians of the State will give the subject of Association that amount of consideration its importance demands. By our mutual endeavors for the advancement of Eclecticism we but further our own interests. "In union there is strength."

W. MOLESWORTH, M. D., *President.*

E. H. CARTER, M. D., *Corresponding Secretary.*
DES MOINES, IOWA, March 16, 1869.

GELSEMIN.—Dr. R. R. C. Bordwell writes,—In an Editorial for March, on "Fatal Poisoning by Gelsemin," you state that quite a large number of cases of poisoning by Gelseminum, and its preparations, have been reported since its introduction a few years ago.

You speak of the last case, as being of more than ordinary interest, on account of the small quantity which produced death.

Ten and fifteen years ago I used Gelseminum in my practice quite extensively; since then I have restricted its use to cases where I wish to produce relaxation, and in some painful nervous affections, such as neuralgia of the uterus.

I came to the conclusion that its properties were not sufficiently understood to warrant its use in all the cases for which it has been recommended.

I used principally Keith's concentrated powder, Gelsemin; and gave it in doses of about $\frac{1}{8}$ th of a grain, to be repeated every three hours until it should produce its characteristic effects. Double vision, and complete relaxation would often take place after 4 or 5 doses had been taken. I think it should be used with extreme caution.

A CALL FOR A MASS CONVENTION OF ECLECTIC PHYSICIANS IN ILLINOIS.—We the undersigned, deeming it very important to Eclectic Physicians of Illinois, and for the better protection of our principles, and the advancement of medical science, would request all physicians who hold to American Eclectic principles, to meet with us in the city of Springfield, on the last Wednesday in May next, for the purpose of organizing a State Medical Society, and to do such other business as shall properly come before the society.

We hope that all will see the want of such an organization, and come on and help us. Let each one come prepared to make such a meeting interesting and beneficial.

R. C. Sprague, Greenville.
C. H. Day, Manchester.
Wm. W. Hosmer, Lincoln.
L. H. Redd, Desoto.
John Darby, Carrollton.
L. W. Critser, Eleble.
John H. McQuown, Paradise.
A. Simmons, Girard.
W. A. Mallory, Hawlet.
T. J. Cox, Petersburg.
W. H. Hall, Hurricane.
H. G. Miller, Bloomfield.
J. Freeman, Girard.

J. F. Plimell, West Salem.
J. B. Rathbun, Richland Grove.
David Bates, Calhoun.
J. H. Mitchell, Nashville.
J. S. Clark, Nashville.
F. Garner, Plymouth.
W. D. Wade, Plymouth.
J. R. Roys, Plymouth.
Wm. S. Morrison, Millersburg.
H. S. Helmuth, Forreton.
J. T. Reynolds, Rockbridge.
S. C. Hall, New Haven.

W. H. DAVIS, *Secretary*, Springfield.

MIAMI VALLEY ASSOCIATION.—The thirteenth annual meeting of the Miami Valley Medical Association will be held at Hamilton, O., Tuesday, April 13th, 1869, at ten o'clock, A. M. Prof. A. J. Howe, M. D., will give the annual address by special appointment, and interesting reports will be made by members of the society. All the members are specially requested to be present, to make this the best meeting ever held.

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AND
THE COLLATERAL SCIENCES.

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MAY, 1869.

No. 11.

ORIGINAL COMMUNICATIONS.

Alchemy.

BY ALEXANDER WILDER, M. D.

THE opinion has become almost universal that alchemy was a pretended science, by which gold and silver were to be produced by the transmutation of the elements of the baser metals; the agent by which this change was accomplished being denominated "the philosopher's stone." It also was supposed to include the discovery of an *elixir vitæ*, by the use of which life was capable of being prolonged indefinitely. The professors of alchemy are at this day regarded as the dupes of imposture, or as themselves impostors and charlatans. In these classes they are placed by the writers of books and the compilers of encyclopædias; and the prejudice has been so long cherished that there is small ground for hope of its uprooting. The peculiar language employed by the alchemists is generally called "jargon," an epithet which seems to be conclusive with those whose convictions are largely governed by such logic.

William Godwin, the author of "Political Justice," and father of the late Mrs. Shelley, has given form to these general impressions. "Among the different pursuits," says he, "which engaged the curiosity of active minds in these unenlightened ages, was that of the transmutation of the ordinary

metals into gold and silver. This art, though not properly of necromantic nature, was, however, elevated by its professors, by means of an imaginary connection between it and astrology, and even between it and an intercourse with invisible spirits. They believed that their investigations could not be successfully prosecuted but under favorable aspects of the planets, and that it was even indispensable to them to obtain supernatural aid." "The first authentic record on this subject is an edict of Dioclesian, about three hundred years after Christ, ordering a diligent search to be made in Egypt for all the ancient books which treated of the art of making gold and silver, that they might, without distinction, be consigned to the flames. This edict, however, necessarily premises a certain antiquity to the pursuit; and fabulous history has recorded Solomon, Pythagoras and Hermes, among its distinguished votaries.*

* The study of alchemy, whatever it was, was even more universal than the several writers upon it appear to have known, and was always the auxiliary, if not indetical, with the occult sciences of magic, necromancy and astrology, probably from the same fact, that they were originally but forms of a spiritualism which was generally extant in all ages of human history. In October, 1868, at the meeting of the Oriental Society, at New Haven, Connecticut, Rev. William A. P. Martin, of Peking, read a paper on the "Study of Alchemy in China." After tracing briefly the connection between alchemy and chemistry, the paper proceeded to its main object; namely, to demonstrate that the origin of European alchemy was to be sought in China. In support of this view the following considerations were adduced, and illustrated by citations from Chinese and other works:

1. The study of alchemy had been in full vigor in China for at least six centuries before it made its appearance in Europe. It did not appear in Europe until the fourth century, when intercourse with the far East had become somewhat frequent. It appeared first at Byzantium and Alexandria, where the commerce of the East chiefly centered, and was subsequently revived in Europe by the Saracens, whose most famous school of alchemy was at Bagdad, where intercourse with Eastern Asia was frequent.

2. The objects of pursuit in both schools were identical, and in either case twofold—immortality and gold. In Europe the former was the less prominent, because the people, being in possession of Christianity, had a vivid faith in a future life, to satisfy their longings on that head.

From this period the study seems to have slept till it was revived among the Arabians, after a lapse of five or six hundred years. It is well known, however, how eagerly it was cultivated in various countries of the world after it was divulged by Geber. Men of the most wonderful talents devoted their lives to the investigation, and in multiplied instances the discovery was said to have been accomplished."

Two noticeable circumstances are indicated in this brief sketch: that alchemy had pretensions to a great antiquity, and that it was to be traced to those countries where the new Platonic philosophy had flourished. Added to these is the remarkable fact, that the students in alchemy professed to be disciples of the same great masters, of Ammonius, Plotinus, Porphyry and Iamblichus, and to believe the same doctrines. As the mythical personage, Hermes, "the three times greatest," whom we suppose from his Egyptian name

3. In either school there were two elixirs, the greater and the less, and the properties ascribed to them closely correspond.

4. The principles underlying both systems are identical—the composite nature of the metals and their vegetation from a seminal germ. Indeed, the characters *tsing* for the germ, and *t'ai* for the matrix, which constantly occur in the writings of Chinese alchemists, might be taken for the translation of terms in the vocabulary of the Western school, if their higher antiquity did not forbid the hypothesis.

5. The ends in view being the same, the means by which they were pursued were nearly identical—mercury and lead being as conspicuous in the laboratories of the East as mercury and sulphur were in those of the West. It is of less significance to add that many other substances were common to both schools than to note the remarkable coincidence that in Chinese as in European alchemy the names of the two principal re-agents are used in a mystical sense.

6. Both schools, or at least individuals in both schools, held the doctrine of a cycle of changes, in the course of which the precious metals revert to their baser elements.

7. Both are closely interwoven with astrology.

8. Both led to the practice of magical arts and unbounded charlatanism.

9. Both deal in language of equal extravagance; and the style of European alchemists, so unlike the sobriety of thought characteristic of the Western mind, would, if considered alone, give us no very uncertain indication of its origin in the fervid fancy of the Orient.

Thoth (an assembly), to be but the embodiment of the collective voice of the sacerdotal caste of Egypt, is regarded by alchemists to be one of their original teachers, it requires no great stretch of imagination to presume that there was a close relationship between the two, and perhaps an actual identity. Certain is it that the mystic, the philosopher, the so-called magician, the astrologist and the alchemist, during the Middle Ages, appear to have occupied the same field of thought, to have held very similar opinions, and to have employed a form of speech very similar, although differing in technology. They were all classed by the ignorant among dealers in the "black art," having intercourse with spirits and demons; and were, as occasion served, burned at the stake, broken on the wheel, disjoined on the rack, for their endeavors to instruct the common people. Like the serpent of Eden, for showing men how to be as the Elohim, they were "cursed above all cattle," and compelled to "eat dust," or suffer abuse all the days of their life, because, as in the language of Goëthe—

"Out of their heart's pulses they needs must gabble,
And show their thoughts and feelings to the rabble."

Hence, Eyrenæus Philaletha Cosmopolita, an English alchemist, or hermetic writer, in his book, published in 1659, refers to such persecution: "Many who are strangers to the art believe that if they should enjoy it, they would do such and such things; so also even we did formerly believe, but being grown more wary, by the hazard we have run, we have chosen a more secret method. For whosoever hath escaped imminent peril of his life, he will become more wise for the time to come."

It was very likely, when a man, for differing in religious faith, was branded as an infidel and punished as an outlaw; when scientific knowledge was stigmatized as witchcraft, that men cultivating ideas out of the common order, would invent a dialect of symbols and pass-words by which to communicate with one another, and yet remain unknown by their bloodthirsty adversaries. Besides, there was another reason, the one adopted by the psalmist, who "opened his

mouth in a parable and uttered dark sayings of old," and imitated by Jesus. Geber, the Arabian, thus discloses it :

"If we have concealed anything, ye sons of learning, wonder not; for we have not concealed it from you, but have delivered it in such language as that it may be hid from evil men, and that the unjust and vile might not know it. But, ye sons of truth, search and you shall find this most excellent gift of God, which he has reserved for you. Ye sons of folly, impiety and profanity, avoid you the seeking after this knowledge; it will be destructive to you and precipitate you into contempt and misery."

Alchemy, therefore, we believe to have been a spiritualism, and not a physical science. The wonderful transmutation of baser metals into gold, was a figurative expression of the transformation of man from his natural evils and infirmities into a regenerate condition, a partaker of the divine nature. The philosopher's stone is well enough indicated by Aristotle, in his address to Alexander: "It is no stone; it is in every man and in every place, and at all seasons, and is called the *end* of all philosophers." The *elixir vitæ* is accordingly the water of life, which is, to borrow the language of Godwin, "a universal medicine, having the quality of renewing the youth of man, and causing him to live forever."

Doctor Kopp, of Germany, who published a "History of Chemistry" a quarter of a century ago, after alluding to alchemy in its peculiar character of precursor to that science, made use of this significant expression, which the Pythagorean and Platonist will instantly comprehend: "If by the world is understood the *microcosm* which man represents, the interpretation will be easy of the writings of alchemists."

The Hindu story relates that Chrisna commanded his foster-mother to look into his mouth. She did so, and beheld there the whole universe. This was a figure of speech, indicating that in man, the microcosm, or little world, is mirrored all things pertaining to the entire creation. The alchemist denominated the philosopher's stone *microcosmos*, and Weidenfeld declares as follows: "The Most High God

hath made us partakers of all the blessings contained in the greater world, for which reason man is called microcosm ; for it has been revealed to us by divine inspiration, that the virtues and potencies of all things animal, vegetable and mineral, are in man."

Eyrenæus Philaletha declares : " Our stone is the representative of the great world (or macrocosm), and hath the virtues of that great fabric, comprised or collected in this little system. In it there is a virtue magnetical, attractive of its like in the whole world. It is the celestial virtue, expounded universally in the whole creation, but epitomised in this small map or abridgment."

In a book, purporting to be a translation of the writings of Alipili, the following passage occurs :

" He that hath the knowledge of the microcosm, cannot long be ignorant of the knowledge of the macrocosm. This is that which the Egyptian industrious searchers of nature so often said and loudly proclaimed, that every one should KNOW HIMSELF. This speech, their dull disciples, the Greeks, took in a moral sense, and in ignorance affixed it to their temples. But I admonish thee, whosoever thou art, that desirest to dive into the inmost parts of nature, if that which thou seekest thou findest not within thee, thou wilt never find it without thee. He who desires the first place among the students of nature, will nowhere find a greater or better field of study than himself. Therefore, will I here follow the example of the Egyptians, and from my whole heart, and certain true experience proved by me, speak to my neighbor in the words of the Egyptians, and with a loud voice do now proclaim : Oh man, know thyself ; for in thee is hidden the treasure of treasures."

Cornelius Agrippa, perhaps the most generally known of the magicians and alchemists, carries this idea further, and says :

" There is one thing by God created, the subject of all wonderfulness in earth and in heaven ; it is actually animal, vegetable and mineral ; found everywhere, known by few, by none expressed by his proper name, but hid in numbers,

figures and riddles, without which neither alchemy nor natural magic, can attain their perfect end."

George Ripley, a monk, who wrote of alchemy, thus explains the philosopher's stone :

"For as of one mass was made all thing,
Right so must it in our practice be ;
All our sects of one image must spring ;
In philosophers' books, therefore, who wishes may see,
Our stone is called the less-world, one and three."

In a dialogue published in the *Alchemist's Enchiridion*, in 1672, the matter is made more distinct :

"Now in this discourse will I manifest to thee the natural condition of the stone of the philosophers, apparelled with a triple garment, even this stone of riches and charity, the strong relief from languishment, in which is contained every secret ; being a divine mystery and gift of God, than which there is nothing in this world more sublime. Therefore diligently observe what I say, namely, that 'tis apparelled with a triple garment, that is to say, with a body, soul and spirit."

Moses, the great Hebrew lawgiver, differed not widely from these mystics when he enunciated : "The word, or ineffable Name, is not in heaven nor beyond the sea, that thou shouldst send messengers to seek it ; it is very nigh thee, in thy mouth and in thy heart."

The peculiar diction of the alchemical writers occasioned much of the general misunderstanding of their teachings. They treated of salt, sulphur, mercury, lead, antimony, and the transmutation of metals ; and probably large numbers of persons, not comprehending them aright, attempted to follow out their instructions literally, in quest of a fortune by the production of gold. Paracelsus, who does not seem to be well comprehended by cotemporaries or posterity, declaring himself a student of alchemy, ventured to employ the substances named to cure diseases. But it is plain that alchemists themselves did not regard the knowledge of the material substances as a part of their science. Espagnet declares as follows : "A studious tyro of a quick wit, constant mind, in-

flamed with the love of philosophy, of a pure heart, perfect in morals, mightily devoted to God—even though ignorant of practical chemistry, may with confidence enter the highway of nature, and peruse the books of the best philosophers.”

Eyrenæus Philaletha also remarks: “In the world our writings shall prove as a curious-edged knife; to some they shall carve out dainties, but to others they shall only serve to cut their fingers; yet we are not to be blamed; for we do seriously admonish all who shall attempt this work, that they undertake the highest piece of philosophy in Nature: and though we write in English, yet our matter will be hard as Greek to some, who will think nevertheless that they understand us well when they misconstrue our meaning most perversely; for is it imaginable that they who are fools in nature should be wise in books, which are testimonies unto Nature?”

Espagnet also gives this caution: “Let a lover of truth make use of but a few authors, but of best note and experienced truth; let him suspect things that are quickly understood, especially in mystical names and secret operations; for truth lies hid in obscurity; nor do philosophers ever write more deceitfully than when plainly, nor ever more truly than when obscurely.”

Roger Bacon, in his Treatise on the Admirable Force of Art and Nature, devotes the first part of his work to natural facts. He gives us hints of gunpowder, and predicts the use of steam as a propelling power. The hydraulic press, the diving bell, and kaleidoscope, are all described; and he foretells the making of “instruments to fly withal, so that one sitting in the midst of the instrument and turning about an engine by which the wings, being artificially composed, may beat the air after the manner of a flying bird.” He then defends himself and other alchemists for using secret writing. “The cause of this concealment among all wise men is the contempt and neglect of the secrets of wisdom by the vulgar sort, who know not how to use those things that are most excellent, or if they do con

ceive any worthy thing, it is altogether by chance and fortune, and they do exceedingly abuse that their knowledge, to the great damage and hurt of many men, yea, even of whole societies; so that he is worse than mad that publisheth any secret, unless he conceal it from the multitude, and in such wise deliver it that even the studious and learned shall hardly understand it." "Some have hidden their secrets by their modes of writing; as namely, by consonants only: so that no man can read them unless he knows the signification of the words; and this is usual among the Jews, Chaldeans, Syrians and Arabians, yea, and the Grecians too; and therefore, there is great concealing with them, but especially with the Jews."

The problem of alchemy was, therefore, but in another form, the riddle of the Sphinx; and the answer is the same: "That which hath been is that which shall be; and that which hath been is named already,—and it is known that it is Man." The real mystery, most familiar and at the same time most unfamiliar to every man, into which he must be initiated or perish as an atheist, is Himself. For him is the elixir of life, to quaff which before the discovery of the philosopher's stone, is to drink the beverage of death, while it confers on the adept and the epopt, the true immortality. He may know Truth as it really is—*Αληθεια*, *ale theia*, the breath of God.

There have doubtless been charlatans who pretended to be alchemists, as there have been impostors professing the gift of prophecy, and quacks claiming knowledge beyond others of the healing art; but that is not superior ken which therefore declares all physicians, sages and gifted men, to be but quacks and mountebanks. In the end, Wisdom is justified of her children.

The parentage of the modern practice of Medicine can hardly be traced, however, to old Alchemy, even by the bend sinister.

The Mammary Gland and the Milk.*

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“THE mammæ or breasts are two large hemispherical eminences situated towards the lateral aspect of the pectoral region.” Their outer surface is convex, and presents, a little below the centre of the convexity, a small, brownish, conoidal prominence, called the *mammilla* or nipple. Their base is somewhat elliptical, the long diameter pointing upwards and outwards towards the axilla. They differ slightly in size, the left being generally a little larger than the right. They exist in both sexes, but attain to a much greater size in the female, especially during pregnancy and lactation. In the male they are usually in a rudimentary state, but may be excited to growth by frequent drawing of the nipple, or by atrophy or removal of the testes. Before the age of puberty they are but little developed. About that period, however, they begin to grow; and around the central part of each a rose-colored circle makes its appearance. This circle, which is called the *areola*, *aureola* or *aureole*, is subject to changes of color during the period of gestation; and these changes are of great importance in deciding as to a case of suspected pregnancy. About the second month of foetation the aureole loses its virgin tint, increases its area, and assumes a brownish hue which deepens in color as gestation advances. It is furnished with a considerable number of sebaceous glands, which secrete an unctuous fluid for the protection of the nipple against the action of the saliva of the nursing infant. These glands, which were called by Sir Astley Cooper “the tubercles of the areola” are increased in size during lactation, and have the appearance of pimples projecting from the skin.

Within the maminae are situated the *glandulæ lactiferæ* or the glands that secrete the milk. They are conglomerate in structure, and closely resemble the pancreas, salivary and

* Extract of a lecture delivered before the Class in March, 1869.

lachrymal glands. They consist of numerous lobes, which are themselves composed of lobules, connected together by areolar tissue, bloodvessels and ducts. The lobules consist of a cluster of rounded vesicles, whose size is "that of a hole pricked in paper by the point of a very fine pin." These vesicles are the ultimate terminations of the lactiferous ducts, and are so minute that they have to be distended by some injected fluid before they are visible to the naked eye. The lactiferous ducts, usually termed *tubuli lactiferi*, or *tubuli galactophori*, are the excretory ducts of the mammary glands. Their number varies from twelve to twenty. They commence by small openings at the summit of the nipple, pass inwards parallel with each other, and dilate, beneath the aureole, into flask-like pouches, called *ampullae*, which serve as reservoirs for the milk. Beyond the ampullae they give off numerous branches which ramify everywhere throughout the gland to the minutest caecal vesicles. These ducts and vesicles are all lined by a layer of epithelium; of the conoidal variety in the larger ducts, of the tessellated variety in the smaller ducts and vesicles.

The mammary gland may be detected at an early period of foetal existence. It originates in the fourth or fifth month as a papillary projection of the mucous layer of the epidermis. Its vascularity and redness make it easily distinguishable from the parts that surround it. "At first it presents no difference in the male and female; and it is not until the period of puberty that any striking change manifests itself." At puberty, however, enlargement in the gland of the female commences; and about the age of eighteen it has attained its full ante-lactation size. During the period of gestation it is supplied with a largely-increased quantity of blood; "and this determination, which often commences early, produces a feeling of distension and tenderness," and is a valuable sign of incipient pregnancy. At this time, as previously stated, the aureole enlarges its area, and becomes darker in color and thicker in substance: its papillae or tubercles become more prominent and their peculiar secretion is increased. "The vascularity of the gland continues to increase during

pregnancy ; and at the time of parturition, its lobulated character can be distinctly felt. The vesicles are not, however, developed sufficiently for injection, until lactation has commenced. After the cessation of the catamenia from age, so that pregnancy is no longer possible, the lactiferous ducts continue open, but the milk-follicles are incapable of receiving injection. The substance of the glandules gradually disappears, so that in old age only portions of the ducts remain, which are usually loaded with mucus ; but the place of the glandules is commonly filled up by adipose tissue, so that the form of the breast is preserved."

A curious change takes place in the mammary arteries in old age, so that their calibre is diminished or even obliterated. This change was first noticed by Sir Astley Cooper and described by him as "ossification." It may be mentioned, in passing, that Sir Astley is correct as to the state of the vessels, but mistaken as to the nature of the deposit therein. It is a deposit, not of *osseous tissue*, but of *calcareous salts*, principally of the carbonate and phosphate of lime. It is calcification, therefore, and not ossification. The arteries of the mammary gland are derived from the thoracic branches of the axillary, the intercostals, and internal mammary. The nerves are derived from the anterior and lateral cutaneous nerves of the thorax.

The function of the mammary gland is to secrete the fluid known as milk ; and here the question arises as to the action of the gland in the performance of this function. Is it a process of filtration, or a process of cell-action ? Does the gland, by the agency of cells, fabricate in itself the proximate constituents of milk, or does it merely filter them from the blood in which they pre-exist ? On this point physiologists are not agreed. Some regard all glandular action as a mere physical process, by which, substances preexisting in the blood are filtered therefrom : others regard it as a formative process, by which substances, not preexisting in the blood, are elaborated from it by the action of cells. It is a question, unfortunately, which no reasoning can settle, and no investigation solve. There is, however, a preponderance of opin-

ion in favor of the latter view. The true theory seems to be that glandular cells are endowed with a selective and an elaborative power: by the former, they take from the blood what materials they require: and by the latter, they fabricate out of those materials the peculiar secretion of the gland.

The secretion of the mammary gland is a white opaque fluid, of a weak sweetish taste, a slightly alkaline reaction, and a specific gravity of 1030 to 1034. When examined under the microscope, it is seen to contain an immense number of particles of irregular shape and size, suspended in a somewhat turbid fluid. These are the milk-globules. They consist of oily matter, surrounded by a delicate pellicle. In addition to these globules, milk contains, for some time after parturition, large yellow granulated bodies, which are irregular conglomerations of fat-granules, without nucleus or cell-wall, and are known as colostrum-corpuscles. These are found in milk, not only during its colostrum state, but also whenever the milk-secretion is disturbed by any pathological condition. Epithelial cells are also found in it; and infusoria also have sometimes been observed.

The proximate chemical constitution of milk, according to Simon, is as follows:

Water,	883.6
Caseine,	34.3
Sugar of milk and extractive matter,	48.2
Fixed salts,	2.3
Fat (butter)	25.3

It consists, therefore, of water holding in solution, sugar, various saline ingredients and caseine, and having oleaginous particles suspended in it.

These *oleaginous* particles are the oil-drops or milk-globules. In cow's milk they are not quite fluid, but have a pasty consistency owing to the large quantity of margarine which they contain in proportion to the oleine. When these are forcibly amalgamated with each other and collected into a mass, by prolonged beating or churning, they constitute

butter. This substance, when obtained from woman's milk, is richer in oleine than that obtained from cow's milk. The butter made from cow's milk is composed, according to Robin and Verdeil, of these three substances :

Margarine,	. . . . .	68
Oleine,	. . . . .	30
Butyrine,	. . . . .	2

It is to the last of these ingredients, the butyrine, that the peculiar smell and taste of butter are due.

The *caseine*, or cheesy matter, is the coagulable principle of milk, and also its nutritive element. It exists in that fluid in the proportion of from 2 to 4 per cent. It resembles albumen, but differs from it in holding in solution a larger percentage of phosphate of lime, and in being coagulable by all the acids and also by alcohol, but not by heat. The caseine of woman's milk is not so easily precipitated by acids as is the milk of the cow : indeed it generally resists the action of the mineral acids, and even of the acetic ; and it yields slowly even to the action of rennet. It is less abundant than in cow's milk, and its coagulum is less dense, and consequently more easily digested by the infant.

The saccharine matter of milk may be obtained from whey by evaporation and crystallization. It is known as *lactine*, *lactose*, or *sugar of milk* ; and it possesses the demulcent properties of the sugars in general. This ingredient is, in woman's milk, two per cent. more abundant than in cow's milk, and two per cent. less abundant than in mare's milk. It is nearly identical in composition with starch, and, like starch, is converted into true sugar by the action of sulphuric acid.

The *saline* matter of milk is composed principally of chlorides of sodium and potassium, and phosphates of the alkalies, lime and magnesia. It is nearly identical with the saline matter of the blood, but has a larger proportion of the phosphates of lime and magnesia. The phosphate of lime is a very important ingredient, being that from which the earthy portion of the skeleton is built. It is held in solution

chiefly by the caseine, and it has been suggested that "probably the reason of the introduction of caseine to the exclusion of other protein compounds, depends on the power it possesses of holding phosphate of lime in solution; not less than six per cent. of its weight of this earthy body being often obtained from it."

The composition of milk varies with many circumstances. Thus, among cows, certain breeds yield a milk in which the fatty ingredient predominates; certain other breeds, a milk in which the cheesy ingredient predominates. And among women, it is found that the milk of a woman of twenty is richer in solids than that of a woman of thirty-five or forty; that the milk of the well-fed woman of whatever age, is always richer in solids than that of the ill-fed woman of the same age; and that the milk of the brunette is richer—in caseine, by 50 per cent., in sugar, by 15 per cent.—than the milk of the blonde.

Food which is typically perfect must contain three classes of principles, viz.: the albuminous, oleaginous and the saccharine. Such food is the milk. It contains all these principles, and is the only secreted fluid in which they all exist in any considerable amount. It is therefore the food most perfectly adapted to the wants of the young animal. Whatever is required for the growth of the infant's body is found in its mother's milk: there is caseine for the muscular tissue, phosphate of lime for the osseous tissue, and sugar and fat for the adipose tissue.

The experiments of Simon prove that the constitution of the milk varies from day to day, owing to temporary causes, and that it undergoes permanent modifications also, corresponding with the advancing age of the child. "The caseine and the sugar are reciprocally related to each other," the one increasing and the other decreasing from the time of parturition until a fixed proportion is attained. At the time of parturition the quantity of sugar is at its maximum, while the quantity of caseine is at its minimum. There is a gradual decrease of the former and increase of the latter during the first few months, when a nearly uniform standard is attained.

Until about the end of a year after parturition, woman's milk becomes more and more nutritious in proportion to the increased size and strength of the child. Then it becomes suddenly deficient in caseine, and thus loses its nutritive element.

The first milk is called the *colostrum* or *protagala*. It acts as a purgative upon the child, and clears its bowels of the meconium with which they are loaded at birth. This peculiar effect of the protogala is supposed to be due to the presence therein of the colostrum corpuscles. The colostrual character of the milk usually ceases during the first week. Sometimes, however, it remains longer, and occasionally it returns at the expiration of twelve months, thus seeming to indicate that the lacteal flow should be no longer encouraged.

Of the quantity of milk daily secreted by the human female it is difficult, if not impossible, to gain a definite idea. It has been estimated at from 32 to 64 ounces. This estimate is made by determining the weight of the child before and after nursing. About two ounces may be artificially withdrawn from either breast at any one time, but this, which must have been contained in the tubes and reservoirs, affords no data from which to estimate the quantity secreted at the time of the draught. By the *draught* is meant that sudden rush of blood into the gland, and of milk into the ducts, which takes place when the child is applied to the breast.

No secretion is so readily affected by the general health and by the quality and character of the ingesta, as the milk. It may be vitiated in quality or increased or diminished in quantity by sudden emotions. The taste and color and smell of cow's milk are readily affected by the food: and children have been salivated and purged and disordered in many ways through the mother's milk. The conditions most favorable to the production of a copious supply of milk, are a good constitution, vigorous health, nutritious food and moderate exercise.

When fresh milk is allowed to remain at rest for twelve

to twenty-four hours, the oil-globules rise to the surface, and form a rich yellowish-white layer, known as the cream. By agitation of the cream, as in churning, the globules of fatty matter unite, and form *butter*. The residue is buttermilk and consists of the caseine, sugar, serum or whey, and a very small quantity of butter. The milk that remains after the cream is removed contains the greatest part of the caseine and sugar, and is known as *skimmed milk*. If it is kept long enough, the sugar it contains is converted into lactic acid, which coagulates the caseine and precipitates it in small flakes. The same thing may be accomplished by other acids, but most effectually by that which is contained in *rennet*. The active principle of this substance, which is simply an infusion of the dried abomasus, or fourth stomach of the calf, will coagulate about 30,000 times its weight of milk. If rennet be admixed with skimmed milk it immediately coagulates it, separating the caseine, or curd from the whey; and if, when the curd is removed, acetic acid be added, it will cause a still further coagulum, which is known as the *ziega*. The whey that is left, when the *ziega* and curd are removed, yields lactic acid, salts and some nitrogenous substances.

Milk, although admirably adapted to promote the nutrition and rapid growth of the child, is lacking in some of the elements required for the proper support of the man. In adult life there is a ceaseless activity, and consequently a constant waste of cerebral and nervous tissue; and for the repair of these tissues certain phosphorized compounds, in which the milk is deficient, are absolutely necessary. Hence it is that milk is not suitable as the sole nourishment of the adult. Still, beyond question, it is the best form of aliment out of the strict order of natural food, and may be used in moderation without injury or inconvenience. It is true that in certain abnormal states of the digestive organs, it cannot be taken with impunity; that "some invalids cannot enjoy and some dyspeptics cannot tolerate it; but these are exceptional cases, from morbid conditions, and ought not to form rules for persons in health."

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PERISCOPE.

Physiological History and Therapeutical Uses of Pepsine.

At a recent meeting of the New York Medical Journal Association, Dr. James S. Hawley presented a valuable and interesting paper under the above caption, from which we make the following extracts. After a few prefatory remarks concerning the object of the paper, the Doctor said that until a very recent date pepsine has been most laboriously and carefully studied, chiefly from a physiological stand-point, and our knowledge in this direction is therefore most accurate and full. The fact that food taken into the stomach was reduced to a pulraceous condition by a solvent fluid poured out from the walls of the organ, was demonstrated in the latter part of the 18th century, by the experiments of REAUMER and SPALANZANI. Previous to that time the contractile movements of the stomach were supposed to be the chief agents in the digestive function. This discovery gave a new direction to investigations, and soon after it was ascertained that the gastric fluid digested only a portion of the aliment taken in the stomach, viz., the albuminoids. The gastric fluid, therefore, although the *principal*, is not the only digester. The composition of this solvent fluid remained for some time in doubt, but we now know that is a compound agent, the most important elements of which are a peculiar organic substance called pepsine and an acid secretion. The composition of the acid factor has long been a subject of dispute, but the most recent researches tend to confirm the idea of PROUT, who believed it to be hydrochloric acid; while others, perhaps the minority, still hold that lactic acid is the natural acid of the stomach. The organic body or ferment, is in itself destitute of digestive power, its activity being developed only by the addition of acid. Experiment has proved that any acid will render pepsine active, and we may therefore infer that the acid component is not necessarily the same under all circumstances in the living organism. The proportion of pepsine in the gastric juice is very small, as nearly as can be estimated not over 17 parts in 1000. A small amount of pepsine will therefore give digestive activity to a very large quantity of acidulated fluid. Pepsine is a protein body, and differs from other substances of the same class in containing a larger percentage of nitrogen. It differs from albumen in not being precipitated from its solutions by the same reagents. It is entirely soluble in cold water, from which it may be

precipitated by alcohol and the salts of lead without impairing its activity.

Temperature has a remarkable influence upon the digestive power of pepsine; low temperatures suspend its action, while high temperatures destroy it altogether. It acts most vigorously at about the natural temperature of the body; above this point it becomes for a time more energetic, but finally reaches a point where it is entirely destroyed. The temperature of total destruction is supposed to be about 120° Fah. Certain substances also suspend its digestive power. Among these are alkalis, strong alcohol, and concentrated acids.

Bile completely and permanently destroys its activity. Pepsine differs from other organic substances in not being prone to putrefaction, and will even arrest the putrefactive changes going on in other substances.

The manner in which pepsine effects the solution of albumen is not definitely settled. It would seem not to be a purely chemical process, from the fact that the resulting albuminose or peptone does not differ in chemical composition from albumen, and further from the fact that the pepsine still remains after the act of digestion has been completed, so that neither substance is destroyed, and no new body formed, as is the case in chemical combination.

Dr. BRINTON believes the change effected in albumen by the action of pepsine to be of the nature of hydration, *i. e.* that the albuminous solution is a hydrate of albumen, brought about by the action of the pepsine producing a *chemical union of low grade*, without altering the composition of either substance, and yet conferring new qualities.

Professor DALTON regards the process as one of catalysis; the contact of the pepsine with the food inducing a change of quality by a new molecular arrangement without alteration of composition. When an acidulated solution of pepsine has digested all the albumen it is capable of, or in other words is saturated, the resulting peptone or albuminose can be separated by dialysis and the same pepsine will again digest another equal amount of albumen, and this may be continued indefinitely. This is supposed to take place in the stomach, the organ acting as a dialysor, and setting free the pepsine to be reacidulated and to enter anew into combination with fresh portions of albumen.

The use of this substance as a remedial agent preceded the physiological knowledge of its existence. Infusions of stomachs were in use in the time of GALEN, and the coagula

found in the stomachs of sucking animals were prescribed in the Pharmacopias of the 18th century. The lining membrane of the chicken's gizzard remained officinal up to 1746, and is even now extensively used as a domestic remedy for dyspepsia; but Dr. CORVISART was the first to develop the happy thought of aiding nature in her embarrassments by the use of her own agents. As a foundation for his clinical observations, he lays down the following rules or propositions:

1st. That aliment is an inanimate substance without nutritive power, *per se*, and without the aid of digestion it would not prevent starvation. Digestion alone gives it vital fitness and the capability of supporting life.

2d. The only thing necessary to produce this transformation of aliment into nutriment is acidified pepsine.

3d. That under the influence of this acidified pepsine, nitrogenous aliment undergoes the physical, chemical, and organic changes that they would under the influence of the gastric juice in the stomach itself.

4th. Artificial pepsine, aside from a different degree of force, is identical in effect with the gastric juice within the stomach, that is to say, its digestive power is always exerted in a similar manner. Further, if digestion by the aid of pepsine can be successfully carried on in an inert bottle or pouch, then so much the more in the living stomach which imparts in addition the natural motion and heat, although it may not itself secrete the digestive principle. The last general proposition of CORVISART sums up the whole subject. He says if there is but one agent for producing digestion, under the influence of which aliment is made assimilable, and that by the aid of pepsine we can transform aliment into nutriment, we ought to be able by the use of the same agent to cause those to digest whose stomachs by a vice of secretion are deprived of this agent, this vital force which is indispensable.

In support of these propositions and conclusions, Dr. CORVISART cites a number of cases derived from the practice of distinguished confrères, all of them having well-marked symptoms of chronic dyspepsia, and all of them cured or very materially benefitted by the judicious use of pepsine and hygienic management.

Dr. HAWLEY related several well-marked cases illustrating the ordinary and well known effect of pepsine in common chronic dyspepsia due to impaired tone of the stomach, and consequently vitiated or diminished secretion of gastric fluid. Some are prone to cast contempt upon the use of pepsine as

a remedy, in consequence of the small quantity given in comparison with the large amount secreted by the stomach. Bearing in mind the physiological fact that a very small amount of pepsine may give digestive energy to a large amount of fluid, the force of this objection becomes very materially weakened. It is not only possible, but indeed highly probable, that the same pepsine may accomplish repeated digestions after successive absorptions of the resulting peptone by the gastric walls. Moreover it is not necessary to suppose that pepsine relieves indigestion only by as much as it digests food; we have reason to believe that it also exercises an indirect influence in restoring innervation, and thus, functional activity. That pepsine has an influence upon digestion, far beyond its simple power to digest, is made apparent by clinical observation. A single quotation coming from a source high enough to give it the weight of evidence upon this point, will suffice to prove this view of its action.

Dr. LEES, physician to the Meath Hospital, Dublin, says "where there is a disgust for food, you will find much benefit from pepsine, which generally causes an appetite." Had this been said of iron, quinine, or nux vomica, we should have regarded it as so much evidence of their tonic effect, and why not so in the case of pepsine? Another use for pepsine, and one which undoubtedly is followed by success, is in the vomiting of pregnancy. CORVISART early called attention to this fact, and cites a most remarkable case where the use of pepsine subdued the vomiting after the patient had been reduced to such a degree of emaciation that she resembled one in the last stage of pulmonary consumption.

Dr. GROSS relates six other cases followed by similar results, and believes the conclusion warranted, that pepsine exercises a controlling influence over the vomiting of pregnancy. In my own practice a case recently occurred favorably illustrating this part of my subject. Mrs. C., in the early stage of her first pregnancy, found herself unable to retain even the blandest articles of food. I prescribed ten grains of American pepsine three times a day. Visited her on the following day, and found that the vomiting had ceased after taking the first powder. And so far as I can learn, it has not since returned.

The next use of pepsine which I wish to call attention to is in the diarrhœa of infants. Premising that the great predisposing cause of infantile diarrhœa is to be found in the state of evolution which the digestive system and its dependencies are undergoing during the period of dentition, the

question of therapeutics becomes one of comparative simplicity. The evident duty of the physician is to allay that irritation of the organs which exhibits itself in vomiting and purging, first, by the removal of all extraneous causes of disturbance, such as food improper in quantity or quality, and by protecting the skin from too sudden and frequent changes of temperature. Secondly, to subdue the excitement which the foregoing causes may have induced, which, in the enfeebled condition produced by the transition state, are more liable to persist; and, lastly, to impart to the struggling and overtaxed digestive apparatus that assistance which shall enable them to convert food from the character of a foreign body, and therefore an irritant material into nutriment which will sustain the natural forces, and enable them to accomplish successfully the great and necessary evolution through which they are passing. In this condition, owing to the want of balance in the system, there is constant danger that the ingesta may be converted into irritating substances, simply because there is not tone enough in the stomach to convert them into nutriment. Not only this, but the food, unable to sustain, may, in addition to acting as a foreign body, undergo putrefactive changes, and thus add another morbid cause to those already existing. In these cases the very function which is partially or totally suspended we can assist, and the very strength which is exhausted we can supply. By the administration of pepsine we reach at once the essence of the difficulty, by *its aid we convert the ingesta into nutriment, and give the overtaxed stomach the first thing needful—rest.*

Another valuable use to which pepsine may be applied is as an adjuvant to other remedies in the treatment of disease, especially in combination with cod-liver oil in cases of pulmonary tuberculosis and other developments of serofulous or tuberculous diathesis. In these cases the oil is tolerated by the stomach, and there is less tendency to nausea. I have not, up to the present time, used it for this purpose, but have been informed by competent and careful observers, that much success has followed its administration in such cases.

The last use to which I will call attention is in the promotion of alimentation in disease. In a very able paper by Professor AUSTIN FLINT upon this subject, recently read before the County Society, we find the following sentence: "The limitations to alimentation in disease relate wholly to the physiological processes which are preliminary to nutrition, namely, *digestion* and the other processes by which aliment is converted into food." We infer, then, that to whatever

degree starvation may be a cause of death in disease, to whatever extent disease may overwhelm the powers of life in consequence of *insufficient* nutrition, to that degree and to that extent is artificial digestion important.

The only question remaining is whether artificial digestion can be successfully accomplished by the administration of pepsine. Undoubtedly it can. This is now a matter of recorded experience sufficiently extensive to remove all doubt. The Doctor here cited several cases from CORVISART and RILLIET, illustrating the successful use of pepsine in alimentation in typhoid fever.

Dr. HAWLEY, in conclusion, remarked that the therapeutical value of this remedy was not limited to the diseases already referred to. Its range is wider, and each practitioner bearing in mind the fact that it is more an *aid* to nature, than a *remedy*, will find various circumstances in the course of disease in which its use will be suggested, and especially where the treatment is *restorative*, there will pepsine at some point or other aid in the cure.

The article called American pepsine is a true representation of the gastric fluid obtained from the stomach of the calf, and prepared without the aid of heat. Its strength is uniform, and its merits are apparent from repeated experiments in which thus far it has proved superior in digestive power to any other preparation of the same kind. I do not, therefore, hesitate to recommend American pepsine as a reliable substitute for similar preparations of foreign production.

Change of Opinion.

SIR WILLIAM THOMPSON, in his late work on the urinary organs, expresses a decided preference for the flexible catheter over the inflexible silver instrument always used by Liston in stricture, and until lately, by himself. He writes on this wise: "I confess to a considerable change of opinion ever since I published my first work on this subject; and I do this without the slightest shame or the slightest repugnance. I hold that the end of life is not achieved in this world without change in our opinions. You may rely upon it, with regard to any subject whatever, whether politics or religion or our own proper profession, if we hold the same opinions at sixty as we do at forty, we live to very little purpose. It is an error to look for a life-long 'consistency' in matters of opinion from men who think for themselves, in whatever department their teaching may be. You must

expect them to progress, or they will be bad teachers—just as I hope you are all progressing now. I have said this because I know that so much might be quoted from what I held fifteen years ago in contradiction to what I am now saying. If I did not state this, you might ask me why, having said so much in favor of the silver instrument, do I now say so much in favor of the other. You have my reason—it is simply that I have learned better.”

Influence of the Age of Parents on Sex.

PROFESSOR FAYE, of Norway, (*Boston Med. and Surg. Journal*) has been writing on the influence of the relative ages of the two parents in controlling the sex of the offspring. He asserts that when the husband is the senior, boys are in excess; when the ages are equal, the sexes are equal; and when the wife is the older, a majority of the progeny will be girls. If a law is proved by exceptions, we have no doubt of the truth of the doctrine.

Remarkable Recovery from Extensive Wound of the Liver.

WILLIAM PERKINS, aged fifteen, while working in a saw-mill was thrown against a circular saw in rapid motion. His right arm was instantaneously cut off about two inches above the elbow, and the saw entered the right side, making a frightful wound about nine inches in length, cutting completely through the 8th, 9th, 10th and 11th ribs, laying open the cavity of the pleura (without wounding the lung) cutting through the diaphragm into the abdominal cavity, and finally wounding the convex surface of the liver to the extent of four inches superficially, and to the depth of an inch in the deepest part. The escape from instant death was miraculous, as the cicatrix remaining on the skin shows that the saw went within half an inch of the median line posteriorly, and to within about two inches and a half of the median line anteriorly. Dr. Hill, who reports the case in the *Canada Journal*, saw the patient within half an hour, and speedily drew the edges of the wound in the side together and kept them in position by means of fourteen sutures, isinglass plaster, compress and bandage. Great pain was induced by any change of position, and opium was frequently and freely given. Notwithstanding a secondary hemorrhage from the stump on the eighth day, the recovery was rapid, most of the wound

in the side uniting by first intention, and by the end of the seventh week the patient was walking about.—*Pacific Medical Journal*.

Sea-Sickness Cured by Electricity.

DR. W. H. DWINELLE, in the *New York Medical Journal*, gives some account of a new method of treating sea-sickness, introduced by Dr. Le Coniat, a French surgeon, who claims to cure at least 90 per cent. of his patients. His theory is that the disorder is induced by electric disturbance throughout the system. In order to reverse the abnormal movements of the stomach and to restore the electric equilibrium, he places his patient in a horizontal position, uncovers the stomach, and applies to the skin, immediately over it, a solution of sulphate of atropia in the proportion of one grain to an ounce of water; he then places the negative pole of a galvanic battery, terminating in a flat disk, upon the stomach corresponding to the pyloric region. Then, with the positive pole terminating in a moist sponge, he manipulates across the surface of the skin from the cardiac to the pyloric orifice. These manipulations are kept up for three or four minutes, occasionally varying them by vertical passes downward. During the transit of the positive pole across the surface, the muscles can be seen to contract vigorously. Dr. Le Coniat also claims that he is able, by the electrization of the stomach, with the local application of sulphate of atropia, to control the sickness of pregnancy.

A Singular Case of Poisoning.

UNDER the above caption Dr. W. Hobbs reports the following: A nursing child about twelve months old, was seized with convulsions, which lasted two or three days. From these it entirely recovered, but at a corresponding period the next month was again seized with convulsions. The convulsions lasted from twenty to thirty seconds, and after half an hour's stupor, consciousness was fully restored. The child again perfectly recovered, but at the same time the next month convulsions again occurred. From these it recovered, but they recurred at a corresponding time the next month. The periodicity suggested a more accurate examination into the case, when it was found that the convulsions occurred just at the commencement of the catamen-

ial periods of the mother. The child was at once weaned, and the convulsions ceased to recur.—*Western Journal of Medicine.*

New Method of Amputation.

DR. GEORGE BUCHANAN, Surgeon to the Glasgow Royal Infirmary, publishes the following in the *Lancet*:—

In cases of injury or disease demanding amputation in the lower part of the thigh, the operation known as “Carden’s” is generally admitted to give the best results, both as regards safety and the shape of the stump. My own experience, especially during the past two years, in which I have operated many times, is decidedly in favor of that method when practicable. But I desire to call attention to a method of dividing the bone in patients under puberty, which I have practiced most successfully in two cases, and which I intend to adopt in all similar cases.

Case 1.—A boy, aged ten, had his leg crushed by machinery close up to the knee. I performed amputation by a long anterior flap. After I had cut through the soft parts, I drew the knife round the condyles to divide the periosteum, where I meant to apply the saw, when I found that it passed into the soft cartilage separating the inferior epiphysis from the shaft of the femur. I had laid aside the knife, and by using gentle force easily broke off the epiphysis, leaving the shaft with a rounded end, in which neither cancelli nor medullary cavity were exposed. The wound healed with great rapidity, and it was the most perfect stump I ever saw.

Case 2.—A boy, aged 12, was admitted under my care in May, 1868, with disease of the knee-joint. Treatment failed to arrest its progress, and in the beginning of October there was evidence of degeneration of the cartilages. Amputation was imperative. The operation was performed in the same way as in the last case; this time the separation of the epiphysis being kept in view from the first. A large anterior flap was formed by entering the knife at the condyle, extending a straight incision about three inches perpendicularly downward; then making a semilunar sweep in front of the tubercle of the tibia, and carrying the knife in a straight line to the condyle opposite the point of entrance. A semilunar posterior flap, half the size, was then made. The knife was then drawn round the cartilaginous interval between the shaft and the epiphysis, and sunk into it a short way. By

now pressing my thumb-nail into the groove thus made, I had no difficulty in breaking off the lower epiphysis, leaving the shaft of the femur with a rounded end, in which neither cancelli nor medullary cavity were exposed. The femoral artery was effectually secured by torsion, as also three small vessels. The edges of the wound were brought together by silver sutures. The patient was placed in bed, with the stump resting on a pillow, no dressing of any kind being applied, as is my usual practice in managing such cases. The stump promises to be as perfect as in the last case.

Three advantages seem to me to attach to this plan, which is applicable to all cases of amputation of the thigh in patients under puberty.

1st. The shape of the end of the bone renders the stump exceedingly favorable for the adjustment of an artificial leg.

2d. The end of the bone, being rounded, nodular and smooth, needs little, if any, alteration by reparative processes during the cure.

3d. The risk of purulent absorption and pyæmia, which always attends the exposure of the cavity of a bone, whether cancellated or medullary, is in this form of amputation absent, so far as the bone is concerned.

I therefore commend this operation to the attention of practical surgeons in operating on patients under puberty.
Medical Record.

Sutures in Scalp Wounds.

HORACE BASAN, Resident Surgeon to the St. Marylebone Dispensary, says of sutures in scalp wounds:—After the consideration of the several hundred cases I have arrived at the following conclusions: 1st. That the employment of metallic sutures in scalp wounds is less liable to induce erysipelas and sloughing than strapping with adhesive plaster. 2. That by their use we are enabled to bring and *preserve* the edges of the wound in most perfect apposition, dispensing with much of the heavy strapping and bandaging in common use. Lastly, That should an inflammatory blush appear at the edge of the wound, or much tension on the sutures ensue from suppuration or otherwise, their removal may be had recourse to forthwith.
—*Lancet.*

Temperature of the Human Body in Health.

At a meeting of the Royal Society (February 12th, 1869)

a paper by Dr. Sydney Ringer and the late A. P. Stuart was read; of which the following is an abstract:—

These observations were conducted by the authors in order to learn with minuteness the fluctuations of the temperature in health. They were performed on persons of different ages, and were in many instances continued through the night and day. The temperature was noted every hour, and on many occasions much more frequently than this. The following subjects are discussed in this communication: 1. The daily variation of the temperature. 2. The effects of food on the temperature. 3. The effects of cold baths on the temperature. 4. The effects of hot baths on the temperature. From these observations the authors have drawn the following conclusions: The average maximum temperature of the day in persons under 25 years of age is $99^{\circ}.1$ Fahr.; of those over 40, $98^{\circ}.8$ Fahr. That there occurs a diurnal variation of the temperature, the highest point of which is maintained between the hours of 9 A.M. and 6 P.M. At about the last-named hour the temperature slowly and continuously falls, till between 11 P.M. and 1 A.M. the maximum depression is reached. At about 3 A.M. it again rises, and reaches very nearly its highest point by 9 A.M. The diurnal variations in persons under 25 amounts, on an average, to $2^{\circ}.2$ Fahr.; but of persons between 40 and 50 it is very small, the average being no greater than $0^{\circ}.87$ Fahr., nay, on some days no variation whatever happens. In these elderly people the temperature still further differs from that of young persons; for in the former the diurnal fall occurs at any hour, and not, as in the case with young persons, during the hours of night. Concerning the influence of food on the temperature of the body, the authors have concluded that none of the diurnal variations is in any way caused by the food we eat. The experiments to prove this conclusion are very numerous. Some were made with the breakfast, others with the dinner and tea, but all point to the conclusion just stated. This important question is very fully discussed in the section devoted to it. By cold baths both the surface of the body and the deep parts were lowered in temperature. The temperature of the surface was in some instances reduced to 88° Fahr.; but the heat so soon returned to all parts as to show that the cold bath is of very little use as a refrigerator of the body. The cold bath produced no alteration in the time or amount of the diurnal variation. This began at the same hour, and reached the same amount as on those days when no bath was taken. By hot-water or vapour baths we

were able to raise very considerably the heat of the body. Thus, on some occasions, when using the general hot bath, the temperature under the tongue was noted to be between 103° and 104° Fahr.; a fever temperature. The body being heated considerably above the point at which combustion could maintain it, we were enabled to learn with what rapidity heat may be lost, simply by radiation and evaporation. For these results we must refer to our paper. Our experiments prove that hot baths in no way affect the diurnal variation of the temperature.—*Scientific Opinion, Am. Jour. Med. Sciences.*

*Etiological Relationship of Bright's Disease of the Kidneys
' and Scarlet Fever.*

DR. STEINER examines this question in the *Jahrb. f. Kinderheilk.*, 1868. He rejects entirely, as without foundation, the doctrine which teaches that the *nephritis scarlatinosa* is either an accidental complication or a sequel of scarlet fever; but in like manner as the angina, so common a symptom of the disease, is produced by the same morbid cause to which is due the eruption on the surface; that is, a localization of the same pathological process upon the kidneys—in the one case, as upon the throat and skin in the others. Post-mortem examination and testing of the urine, from an early period in the disease, show that the kidneys suffer from the commencement of the attack, and not merely from the period of desquamation. The nephritic affection is usually of a purely catarrhal character, and occasionally of so mild a grade as not to be detected during the lifetime of the patient. On dissection after death, however, its existence is shown by the swollen condition of the epithelium of the tubuli uriniferi. When, besides the presence of albumen in the urine, we find cylindrical casts and blood, the nephritis has assumed the croupose form. According to Dr. S. this is the result of a purely mechanical cause, the accumulation of epithelial *debris*, namely, in the tubuli of the kidneys. There results from this a stasis of blood in the parenchyma of the kidneys, and finally effusion. The influence of cold experienced by the scarlatinous patient during the period of desquamation, in the production of nephritis, Dr. S. believes to be much overrated. The croupose form of nephritis often sets in, as such, very suddenly, and may proceed attended by abnormal urination without the slightest indication of dropsical effusion; while, on the other hand, anasarcaous swelling may be present

without any disease of the kidneys. Nothnagel has observed many such cases.—*Centralblatt f. d. Medicin. Wissenschaften.*

Tonics in Dropsy.

MR. E. GAYLOR observes (*Brit Med. Journal*, Feb. 27, 1869): "The two forms of dropsy most likely to be benefited by iron are, first that effusion which is produced by a watery state of the blood; and secondly, that form of dropsy due to the impregnation of the blood with some noxious material. In a poisoned condition of the blood there is a stagnation in the capillaries, thereby causing an impediment in the capillary circulation. Mr. Power believes that the presence of urea in the blood interferes with the development of new blood-corpuscles, as well as spoiling those already formed.

"These two forms of dropsy being marked by decay and deterioration, the proper remedies would be those which would help to form blood, assisted by nutrition, warmth, rest, etc. Dr. Basham, in his Croonian Lectures, 1864, says that iron is *not* the most efficacious in the form of the sesquichloride (the old *tinctura ferri sesquichloridi*), but as an ammoniochloride, which he directs to be prepared as follows: 'The ordinary dose of the sesquichloride is to be added to a drachm of the liquor ammoniæ acetatis, this being previously acidulated by a few drops of acetic acid.' The sesquichloride must not be added to the neutral liquor, as an *insoluble* ammoniochloride falls, which it is very difficult to take up again. If the saline be first acidulated, a very nice looking mixture is formed, which will keep good for any length of time.

"This remedy seems to have the power of promoting the reproduction of cells, while it restores the powers of the organism. It is the nucleated cell which is involved in the disease; and it is also the nucleated cell which is the vital source of secretion and development. If a fair trial be given to this form of preparation, I venture to predict that it will be found one of the most valuable of the preparations of iron, and the best hæmatic in the whole range of therapeutics.

Since reading Dr. Basham's Lectures, I have used this form of the remedy with the best results."

Glycogenic Function of the Liver.

DR. AUSTIN FLINT, JR., records (*N. Y. Med. Journal*, Jan. 1869) some experiments undertaken by him for the purpose

of reconciling the discordant opinions maintained by C. Bernard and Dr. Pavy in regard to the glycogenic functions of the liver.

"Although these experiments," he remarks, "are not entirely new, my interpretation of them serves to harmonize, in my own mind at least, the results obtained by Bernard and by Pavy:—

"1. A substance exists in the healthy liver, which is capable of being converted into sugar; and inasmuch as this is formed into sugar during life, the sugar being washed away by the blood passing through the liver, it is perfectly proper to call it glycogenic, or sugar-forming matter.

"2. The liver has a glycogenic function, which consists in the constant formation of sugar out of the glycogenic matter, this sugar being carried away by the blood of the hepatic veins, which always contain a certain proportion of sugar, and subserving some purpose in the economy connected with nutrition, as yet imperfectly understood. This production of sugar takes place in the carnivora as well as in those animals that take sugar and starch as food; and is essentially independent of the kind of food taken.

"3. During life, the liver contains only the glycogenic matter, and no sugar, because the great mass of blood which is constantly passing through this organ washes out the sugar as fast as it is formed; but after death, or when the circulation is interfered with, the transformation of glycogenic matter into sugar goes on; the sugar is not removed under these conditions, and can then be detected in the substance of the liver."

An Old Chair afflicted with Neuralgia—The Sitter affected simultaneously.

PROCHASKA, the eminent physiologist, used to mention, in one of his lectures, how, traveling in Bavaria, he put up at a small inn at Tetoshen Brod, where, being weather-bound, he passed his days in writing. Not liking the meagre accommodations of a little village inn, he begged that at least they would provide him with a comfortable arm-chair. After some delay, a large, high-backed, old leathern throne was placed in his room, with many injunctions to treat it carefully. He welcomed the annexation with delight, and at once proceeded to avail himself of its comforts. Scarcely, however, had he been seated in it half an hour, when he was seized with a violent pain in the back of his neck, which extended

gradually down the spine. These pains left him after he went to bed, and returned when he resumed his place in the chair next morning. Sometimes they came spasmodically, and forced him to cry out; sometimes they began slightly and increased in severity, gradually engaging one nervous centre after another, and causing intense suffering. But all the symptoms would slowly subside on removal from the chair, instantaneously returning when he went back to it. There was scarcely a form of neuralgia he did not experience. The facial nerves were constantly the seat of suffering, and his sciatic agonies were terrible. He examined the chair carefully and thoroughly. He ripped open the leather covering, and he investigated the hair stuffing beneath. He tested the varnish on the wood, and, in fact, left nothing undone that might throw light on the curious influence of evil this antique piece of furniture possessed, but to no purpose. Nothing came of all his inquisition, and he was driven to seek if the history of the chair could afford any explanation of these phenomena. To his amazement he learned that his landlady had borrowed the chair from a doctor in the village. He had used it for years in his study, and in it some hundreds of patients had undergone the various operations of surgery. The well-worn arms, showing where agonized hands had grasped convulsively the patched leather, attested the violence which had attended these struggles. "I bought the vicious old seat, and had it hacked up before my eyes, and the fragments thrown into the Elbe," said the professor, "but the lesson it taught me I have never forgotten."—*St. Paul's Magazine*.

Women Students in Russia.—

"It has been stated of late that a university for women is about to be founded in Russia. Such is not exactly the case, but it is true that public classes for female students will probably be organized there before long. During several years the lectures delivered by the professors of the University of St. Petersburg were open to the public; and this privilege was so appreciated, that during the course of 1859 and 1860 between two and three thousand persons regularly attended them, and among these were a great number of women. But the year 1861 brought with it those student disturbances which resulted in the closing of the University; and when it was reopened new regulations had been made, by which women were excluded from its classes. The only

subject which they could now study in public was that of medicine, for the medical faculty in St. Petersburg forms a separate academy, independent of the University. A number, however, of the female medical students went abroad, especially to Switzerland; as, for instance, Mlle. Suslof, who recently obtained a doctor's diploma from the University of Zurich, and who has subsequently received permission to practice at St. Petersburg with the privileges accorded there to foreign medical practitioners.

"During the present year an important agitation has taken place among the women of St. Petersburg, in favor of public instruction. Several German newspapers have stated that a petition bearing four hundred female signatures has been presented to the Minister of Public Instruction, praying that classes might be opened for women in the University, and that the Minister has refused to grant their prayer, considering their tendencies to be 'nihilistic.' But in reality no such petition has been laid before him, the Russian government not favoring such demonstrations. What really has occurred is this; more than even four hundred women have sent letters first to the council of Professors, and then to the rector of the University of St. Petersburg, begging for permission to attend the lectures on philology and natural science, and offering to pay for the privilege. The council replied that it 'fully sympathized' with their wish, but that the public classes were closed against them by law. As regarded the opening of the new classes, however, the professors would be 'perfectly willing' to give lectures to them if only the intending students could obtain the necessary permission from the Minister of Public Instruction, and fitting accomodation could be provided for them. There the matter rests at present, but it is understood that measures are being taken to obtain the requisite permission, and it is expected that, if the classes are opened, they will be attended by a very large number of female students."—*The Pall Mall Gazette*.

Brunetti's Anatomical Preparations.

The advantages possessed by this method over Segato's petrifications and Gorini's process of exsiccation are, that while the pathological appearances are equally well retained, the anatomical elements are preserved in such integrity that they may be at any time submitted to microscopic examination.

Professor Brunetti's mode of procedure, which we find described in a German periodical, consists of four stages, namely, washing, divesting of fat, treating with tannin, and desiccation. A stream of pure water is injected through the blood-vessels and secretory ducts of the part to be preserved; the water is afterwards expelled by means of alcohol. To remove the fat, the vessels are in like manner injected with ether, which penetrates the tissues and dissolves all the fatty matters. These operations occupy a couple of hours, and the object thus prepared may then be kept for a long time in ether if desired. A solution of tannin in distilled water is next injected in a similar manner, and the ether washed out by a stream of pure water. The desiccation is accomplished as follows: The preparation is placed in a double-bottomed vessel containing boiling water—a sort of *bain marie*—in order to displace this fluid previously used by dry, heated air. Air compressed in a reservoir to about two atmospheres is forced into the vessels and ducts through heated tubes containing chloride of calcium; all moisture is thus expelled and the process is completed.

The preparation thus treated is light, and retains its volume, its normal consistence, and all its histological elements. The most delicate sections may be practised in any direction, and accurate observations made with lens or microscope; indeed, as our enthusiastic German informant adds, such anatomical specimens would be ornaments to a toilet table. The relative position of the organs and tissues being preserved, much better opportunities for pathologico-anatomical demonstration are afforded than by the former inadequate method of preservation in alcohol. The blood being expelled, pathological coloration is alone perceptible; but it is probable that the process will be improved so as to admit of various kinds of injections.

Among the specimens shown by Prof. Brunetti to a number of medical and scientific men at Munich, were preparations of the heart, the kidneys, various pathological conditions of the lungs and liver, microscopic sections, etc.—*Med. Gazette*.

Aconite and its Preparations. By SYDNEY RINGER, M.D.

Of all the drugs we possess, there are certainly none more valuable than aconite. Its virtues by most persons are only beginning to be appreciated, but it is not difficult to foresee that in a short time it will be most extensively employed in the diseases immediately to be noticed.

It is on account of its power to control inflammation and subdue the accompanying fever that aconite is to be the most esteemed. The power of this drug over inflammation is little less than marvellous. It can sometimes at once cut short the inflammation. It does not remove the products of inflammation when these are formed, but, by controlling the disease, it prevents the formation of these, and so saves the tissues from further injury. It is therefore in the early stage of inflammation that the good effects of this plant are most conspicuous; still, although the disease may have progressed to some extent, and have injured the organs by the formation of new and diseased products, while the inflammation is extending aconite does good. It is useful wherever there is acute inflammation of any tissues of the body. The good it accomplishes can be shown both by the amelioration of the symptoms, and, still better, by the changes it effects in the inflamed tissues when these are visible, as in pharyngitis, tonsilitis, &c.

As might be expected, the results of aconite are most apparent when the inflammation is not extensive, or not very severe, as in the catarrh of children, or in tonsilitis, or in acute sore throat. In these comparatively mild cases, especially if the aconite be given in the earliest stage of the inflammation, when the chill is still on the patient, the following consequences will very generally be witnessed. In a few hours the skin, which before was dry, hot, and burning, becomes comfortably moist; and, in a little time longer, it is bathed in a profuse perspiration, which may be so great that drops of sweat run down the face and chest. With this appearance of sweat many of the distressing sensations—such as the restless, chilliness, or heat and dryness of the skin—are removed. At the same time the quickened pulse is much reduced in frequency, and, in a period of twenty-four to forty-eight hours, it and the temperature have reached their natural state. It is rare that a quinsy or acute sore throat, if caught at the commencement, cannot be disposed of in twenty-four to forty-eight hours. The sweating may continue for a few days after the decline of the fever on slight provocation, but it then ceases.

The appearance of the inflamed part also exhibits, in a striking degree, the beneficial effects of the drug. Thus, large, livid, red, glazed, and dry tonsils may often in twenty-four hours have their appearance completely altered. If the medicine has been given before much lymph has been formed in these organs, in the time named the swelling and most of

the redness will have disappeared, and the mucous membrane will have that look which proves the acute inflammation to have subsided—namely, it has become moist, and is bathed with mucus or pus. If just at this stage some strong astringent—such as glycerine of tannin—be applied, most of the remaining diseased appearance and the pain, if it continues, will be removed. Such are the visible effects of aconite on inflamed tonsils, &c.

These statements are not exaggerations; but the simple truth, as may be witnessed by those who will employ the aconite in the way to be immediately mentioned.

Its effects on catarrhal croup are as conspicuous. In a few hours the urgent dyspnoea is removed; and in a short time longer the fever is subdued. Severe colds, in which there is much chilliness with great aching of the limbs, with a hot, dry skin, and quick pulse, may be equally well treated by aconite. So, indeed, may all the slighter forms of inflammation.

The effects of this valuable drug, though not so rapid, are equally important on pneumonia, pleurisy, and the graver inflammations. These diseases may be considerably curtailed, and made much wider, if aconite is employed.

Its influence on inflammation has been ascribed by most observers to its power over the heart; and, as they truly point out, the remedy is found to be of most use in the sthenic forms of the disease; and where there is great weakness and the heart beats feebly, unless care is taken, it may do harm. The method of employing the drug has much to do with its success. As already said, it should, where possible, be given at the very beginning of the disease. Every hour is of importance; the use of the medicine should never be delayed. Of the tincture, half a drop, or a drop in a teaspoonful of water should be given every ten minutes or quarter of an hour for two hours, and afterwards continued every hour. If there be much prostration, and the pulse be feeble and weak, a still smaller dose will best be given.

Whether aconite is of use in the fever of acute specific disease, as scarlet fever, measles, &c., is not so certain as its power over inflammation. But although there may be some doubt whether this remedy can lessen the severity of the fever of the acute specific diseases, there is no doubt it can control and subdue the inflammatory affections which often accompany them, and which may by their severity endanger life. Thus aconite will moderate the inflammation of the throat in scarlet fever, and the catarrh and bronchitis in

measles, and in this indirect manner lessen the height of the fever. It appears to be unable to shorten the course of these acute specific diseases. In the treatment both of simple inflammation and acute specific diseases, aconite may be appropriately administered in conjunction with some other remedy which may be indicated.

Gouty pains are said by some to yield to this remedy, and it has in many instances, apparently with good results, been given to persons suffering from neuralgia.

The effect of this remedy on the heart has been mentioned. There it was shown to lessen the rapidity of the circulation. Aconite may thus be used in all cases where there is vascular excitement which it is desired to suppress, and also when it is desirable to diminish the force of the circulation. In fact, it may be given in precisely those cases which were formerly treated by bleeding.

This remedy may be employed with advantage when the menses are suddenly checked, as by cold, on account of its power to restore the flux, and so remove the distressing and peculiar symptoms which not unfrequently occur when such a disease is produced.

The "fluttering of the heart" of nervous persons, and also nervous palpitations, generally yield to this remedy. Usually when such disturbances occur, more general treatment is required, but when the conditions causing the palpitation cannot be discovered or cannot be removed, then aconite may be usefully employed.

The acute stage of gonorrhœa may be well treated by a drop of the tincture of aconite each hour, and the same treatment will often remove chordee.



EDITORIAL.

Notice to Subscribers.

THOSE of our subscribers who have sent their subscriptions for *Vols. IV. or V.* of the "*Review*" and have not received receipts for the same, will please notify us at once. With the commencement of Vol. IV. we established a rule to inclose a receipt for every subscription. In this way every one is informed whether his remittance reaches us safely.

We have reason to believe that many subscriptions to the present

volume have been lost in the mail, and, as all remittances are sent at our risk, we wish to credit each subscriber with the amount sent, whether received at this office or not. As the end of the volume is near at hand, we hope this matter will receive immediate attention so that we can straighten up our books. We would suggest to our patrons that in future they would, as far as practicable, send us P.O. orders; or if currency, send in registered letters.

Courtesy in Medical Consultations.

PHYSICIANS, in their professional intercourse, are governed by certain forms and observances which may be termed professional etiquette. To the man of fine sensibilities these observances come untaught. He needs no Chesterfield to instruct him how to deport himself towards his professional brethren. Some men, however, can never learn them. The coarseness of their nature makes them unsusceptible of refinement. Rough ashlers they were born, and no amount of chiselling will ever reduce them to sightliness. Such men, in professional intercourse, are like boors in the social circle. The latter cannot understand the courtesies and amenities of social life; the former cannot understand the necessary observances of professional life.

Almost every day we hear of members of our profession violating the rules of professional intercourse. It is our duty to protect a brother practitioner's reputation as we would our own: yet we wot of some physicians who seem to take particular pleasure in depreciating the merits and undermining the influence of their brethren. Why this is so we are at a loss to conjecture, unless it be on the principle that, "dogs delight to bark and bite" because it is their nature.

In medical consultations there are oftentimes the grossest violations of professional etiquette. The object of a consultation is to inspire the patient with confidence in his attending physician; but that object is not unfrequently defeated through the ignorance or arrogance of the consulting physician. The latter, in his vanity, has the presumption to suppose that he is called in consultation because of his reputation and superior skill. He consequently affects superiority over the physician in charge; and does and says things that are totally unprofessional. He proposes a change of treatment merely for the sake of change, and it sometimes happens that the

proposition involves a change without a difference. In doing this he does a gross injustice to the attending physician, and destroys what it was his duty to confirm. With such men we have no patience. They have neither delicacy of feeling nor sense of propriety, and are outside the pale of professional courtesy. Such men cannot be reached by any appeal save that of the toe of a boot and we respectfully suggest that that is the proper appeal to make to them.

The duty of a consulting physician, as we understand it, is this : he is to examine the patient minutely, if he deem it necessary to do so in order to satisfy himself as to the nature of the disease ; and he is to get a history of the case from the patient himself, or the physician in charge. This done he retires with the attending physician to a private room, and there confers with the latter fully and freely about the case and the treatment, and makes whatever suggestions he may think necessary. On his return to the sick-room he is to speak commendingly of the previous treatment and hopefully of the patient's recovery. And if he cannot do either of these conscientiously, he can be silent. This is a consulting physician's duty. "Simply this and nothing more."

Cure for the Bite of Mad Dogs.

WE have had several opportunities to fully test the chloride of zinc, in solution, in such cases, and, so far as we are aware, we were the first to use this agent. It may be said that if the persons who had been bitten by dogs and had been subjected to its use did not have hydrophobia, the dogs were not "mad." Under some circumstances it might be difficult to disprove this proposition, but we do not propose to enter into an argument upon the subject, but to make a plain statement of facts. In one case where three men were bitten by the same dog at the same time, we subjected two to the use of the zinc. They are both living at the present time, although this occurred several years since, while the third man, who was not treated in this way, died of hydrophobia on the fourteenth day. In another case a gentleman as well as a cow and horse were bitten at the same time by a rabid dog. We treated the man with the zinc, he still lives, while the cow and horse both died within fifteen days. We might give many other cases illustrative of the efficacy of this treatment, but we consider these sufficient. The method which we employ is as

follows: Make a saturated solution of the chloride of zinc, and as soon as possible after the injury is sustained inject this into any or all the wounds made by the teeth of the animal; let it be done with a small syringe and with sufficient force to bring the solution in contact with every portion of the punctured or abraded tissue. This should be repeated the second day, after which apply the water dressing until all the parts which have been subjected to the zinc slough out. Then the wound should be allowed to heal under the ordinary dressing, which will be effected if there has not been much laceration of the parts in from ten to fifteen days. As an internal remedy we use the carbonate of ammonia, ten grains to the half pint of water, this quantity to be taken daily for twenty days. The longest time which had elapsed from the time the person was bitten until the above means were used was four hours, yet we are of the opinion that this would antidote the poison even ten or fifteen hours after the injury, for the reason that the zinc in any form when brought in contact with an abraded tissue will act upon parts quite remote from the part injured, and will, if taken up by the absorbents, antidote the poison which may have permeated the whole system many hours previous.

The success which has attended this treatment in our hands, fully warrants the above conclusions.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

MEDICAL EXAMINATIONS FOR LIFE INSURANCE. By J. ADAMS ALLEN, M.D., LL.D., Prof. Principles and Practice of Medicine and Clinical Medicine in Rush Medical College. Formerly Prof. Physiology and Pathology in the University of Michigan.

Such is the title of an attractive little volume recently issued from the Chicago press. It is intended as an aid to the MEDICAL EXAMINER in the performance of his duties, and is admirably adapted to the end in view. The want of such a work has long been felt, and by the volume before us that want is supplied. In his "Note Prefatory" to the first edition, the author says: "The book is not intended to be argumentative, statistical, or rhetorical. Neither originality in substance nor method is sought after—but only that more clearness, definiteness and certainty may be achieved, by attention to the suggestions herein contained. A prime object has been to concentrate to the smallest possible bulk; hence conclusions only are given; reasons and authorities are rarely alluded to."

The work is one of singular excellence, containing as it does much valuable information condensed to the smallest compass and

couched in language at once clear, forcible and precise. And although the author intended it "rather as a chart than an exhaustive volume," he has contrived to make of it a very readable book. It will prove a valuable *vade mecum* to the class of men for whom it is intended, and we cordially commend it to the attention of Insurance Companies and their medical staffs, and to the attention of physicians in general.

NEWS AND MISCELLANY.

THE BROOKLYN ACADEMY OF ECLECTIC MEDICINE

Held their regular monthly meeting, March 3, at 100 Clermont Av. President, Wm. W. Hadley in the chair.

Minutes of the previous meeting were read and approved.

On motion, a committee of three was appointed to nominate officers for the ensuing year. Committee: Drs. E. D. Smith, H. S. Firth, and J. E. Danelson.

The committee on nomination reported the following names as candidates for officers of the Academy, which were balloted for as a whole and elected.

President, J. Y. Tuthill; Vice-President, W. B. Warner; Secretary, H. E. Firth; Treasurer, B. J. Stow.

Board of Censors: W. W. Hadley, H. S. Firth, J. E. Danelson.

On motion, a committee consisting of Dr. H. S. Firth and Wm. B. Warner was appointed to wait upon the newly-elected President and convey him to the chair.

The President, previous to taking the chair, returned thanks to the Society for the confidence they had reposed in him in calling him to preside over a scientific body of physicians, and trusted, that by the support they had vouchsafed through their committee, he should be enabled so to conduct their deliberations, that the utmost harmony and fraternal feeling might prevail during his administration.

Dr. D. E. Smith read a very elaborate paper upon Phthisis Pulmonalis. He claims that phthisis pulmonalis (consumption) in its incipient stage is, as a rule, a curable disease. As a preventative to consumption the means he is about to suggest are of incalculable value, and he trusted would be fully appreciated by the members of the Society.

After giving a history of the disease and referring to statistics to prove its fearful mortality, he proceeded to discuss its pathology at considerable length. He claimed that consumption could not take place if due attention is paid to exercising the muscles of the chest, and inflating the lungs with pure air. This precaution to those of a consumptive tendency is of the utmost importance, and should be fully understood by the community.

The essayist referred at length to the necessity of physical cul-

ture, and eulogized the trustees of the Adelphi Academy for the provision they have made in their institution for physical as well as intellectual culture.

The plan of treatment recommended by the essayist is, to support the system by all the ordinary means of nourishment, and if need be by the administration of the hypo-phosphites of lime and soda, or cod-liver oil, and to inflate the lungs largely with pure air from five to twenty minutes, and at intervals from one to six times each day. By this process the air-cells, which have become feebly exercised, will gradually become expanded and oxydation of the blood will more readily take place.

The doctor exhibited before the society a small instrument, which he termed an inhaling tube. This instrument was first invented by Dr. R. Talmage, of England. It is a simple funnel-shaped tube, provided with a valve at its lower end. Above the valve is a small opening for the escape of air in its egress from the lungs. The patient is to freely inhale the air through this instrument, during which time the body is to be erect, the shoulders thrown back, and by an act of volition the diaphragm and thoracic muscles are to be called into full exercise for the purpose of more fully expanding the chest and more largely inflating the lungs. In the act of expiration the valve is closed and the air is expelled through the smaller opening, which requires a longer time to be accomplished. The oxygen of the air is retained by this process in the expanded air-cells, and the blood becomes more fully oxygenized.

This process of inhalation and voluntary expansion of the chest should continue from five to twenty minutes, and be repeated from once to six times each day, as before stated. The essayist remarked that if pains be taken to measure the chest before commencing these exercises, it will invariably be found by subsequent measurement that the chest has expanded from one to four inches, in from six to twelve months. The doctor said that there was another principle aside from oxydation and expansion of the lungs, by which he claimed advantage by this process of inhalation, viz., that absorption of the tubercles would take place from the compression the air would produce in thus being retained.

It is, the doctor remarked, a physiological fact, that compression, whether accidentally or mechanically applied, will produce absorption, if long continued in any part of the body. Aneurismal tumors, for instance, have been known to produce absorption of contiguous parts, even of bone tissue. It is very reasonable to suppose that tubercular absorption may take place in many instances upon the principle above referred to. The essayist referred to numerous cases that had been cured by this process, both in this country and in England. The patients referred to have had all the symptoms of true Phthisis, such as dullness on percussion, feeble vocal resonance, prolonged expiration, diminished vesicular murmur, increased bronchial respiration, cough, etc.

* In the absence of the inhaling tube, the patient may exercise the lungs as above described (although not to so good an advantage) by partly closing the mouth, and allowing the air to slowly escape from the lungs.

Dr. Smith observed, during his essay, that consumption was unknown except in the human species and domesticated animals, and attributed the prevalence of the disease to the habits of civilized life in violating the laws of nature.

Dr. H. C. Cooper thought the doctor was mistaken in his theory that Phthisis is peculiar to domesticated animals, as he had witnessed the disease in the porpoise in mid-ocean.

Drs. Bowlsby, Hermance and Warner, each testified to the utility of the breathing tube, and have found very favorable results from its use in their practice.

Dr. H. S. Firth, thinks that the principle of absorption referred to in the essay is worthy of consideration. He has witnessed portions of the cranium absorbed from pressure of a varicose vein.

Professor Hadley has formerly suffered from hemorrhage of the lungs for a number of years. His lungs were in a very precarious condition. At one time the hemorrhage lasted about thirty hours. He has used the tube, and owes in part his recovery to its employment.

H. E. FIRTH, M.D., *Secretary.*

FEMALE PHYSICIANS.—The objection of doctors to women practising physic is of at least as early a date as 1416. In that year the physicians petitioned Henry the Fifth, "That no man, of no maner estate, degre, or condicion, practyse in Fisik, from this time forward, bot he have long tyme yused the Scoles of Fisyk withynne som Universitee, and be graduated in the same; that is to say, but he be Bacheler or Doctour of Fisyk, havynge Lettres testimonyalx sufficeantz of on of those degrees of the Universite in the whiche he toke his degre yn; under payne of long imprisonment, and paynge xi *li.* to the Kyng; and that no Woman use the practyse of Fisyk undre the same payne."

EFFECTS OF COLOR ON DISEASE.—The power of colors on disease, once supposed to exist, may be considered as a branch of sympathetic medicine. White substances were considered refrigerant, and red ones heating. Red flowers were given for disease of the blood, and yellow for the bile. In small-pox, red coverings, bed curtains, &c., were used to bring out the eruption. The patient was only to look at the red substances, and his drink was colored red. The physicians of Edward II. treated the king's son successfully by this rule; and as lately as 1665, the Emperor Francis I., when sick of the small-pox, was, by the order of his physicians, rolled up in a scarlet cloth; but he died, notwithstanding. Flannel, nine times dyed blue, was used for glandular swellings. To this day, the tradition remains that certain colors are good for certain disorders.

IN Paris, a woman, Mme. Donnerque, has passed the examination which entitles her to be an apothecary. She is the first woman who has done so.

AGED TREE.—The cypress of Somma, in Lombardy, Italy, is the oldest tree on record. It was known to be in existence at the time of Julius Cæsar, forty-two years before Christ, and is, therefore, 1,901 years old. It is 106 feet in height, and 20 feet in circumference one foot from the ground. Napoleon, when laying down his plan for the great road over the Simplon, diverged from a straight line to avoid injuring this tree. Superior antiquity is claimed for the immense tree in Calaveras county, California. This is supposed, from the number of concentric circles in the trunk, to be 2,565 years old.

CHANGES ON THE EARTH'S SURFACE.—The changes on the earth's surface during the glacial period are strikingly illustrated by a boulder of a peculiar variety of granite, fifteen feet high, and seventy feet in circumference, perched upon the top of the Hoosic Mountain, one of the highest peaks in Massachusetts. This boulder, it is conclusively proved, was clipped off the apex of another mountain in Stamford, Vt., and transported by the ice to its present position. The Stamford mountain is now a truncated cone, and the boulder is composed of the same kind of granite, which differs in every respect from the Hoosic rocks.

CRIES OF A FŒTUS IN UTERO.—The *Scalpel* states that Dr. Dubreuil, of Bordeaux, had under his care a girl of sixteen, who, towards the end of gestation, was seized with eclampsia. Chloroform was used, and a very small male child extracted. The breech of a second child now presented, and, just as the waters broke, the persons present heard the cries of the child, as if they issued out of a box, and they continued until the delivery was effected by the feet. The cries were heard at the moment when the accoucheur pushed up the breech to seize the feet. Air had probably then penetrated into the uterus, which was not quite filled by the second fœtus, and the latter, having inspired it, began to cry.

TREATMENT OF PROLAPSUS ANI.—Dr. Schartz (*Nashville Journal of Medicine and Surgery*) advocates for this affection a solution of the ext. of nux vomica, of the strength of one or two grains to the ounce of distilled water. Of this solution he gives six to ten drops every four hours. This is the dose for very small children; to larger children fifteen drops at the same intervals. Two or three drops should be administered to children at the breast.

LOCATION WANTED.—A graduate of the Eclectic Med. Coll. of the City of New York desires a partnership or employment with some Physician in extensive practice for six months, or longer if mutually agreeable. Address Graduate, care Prof. J. M. Comins, 100 E. 26th. St., New York.

PRINCIPLES AND PRACTICE OF SURGERY,

BY JAMES SYME,

Professor of Clinical Surgery in the University of Edinburgh, and Surgeon to the Queen.

From the last London edition, enlarged and illustrated with Sixty-four Woodcuts and Fourteen Plates. A new American edition, with notes and additions, and numerous new Illustrations. By ROBT. S. NEWTON, M. D. Professor of Surgery in the Eclectic Medical College of New York, late Professor of Surgery in the Eclectic Medical College of Cincinnati. New York edition. Price \$6.00.

NOTICES OF THE PRESS.

This is one of the most valuable medical works that the American press has yet given. The editor has, with much toil and labor, compiled and arranged with great care, the complete works of Syme into one volume, and presents to the public in this book all that that celebrated surgeon has issued through the press. This of itself is invaluable to the medical profession. But the peculiarity of the work which certainly adds to its interest, is the fact that the author and the editor, though both surgeons of wide-spread reputation as successful operators, belong to different schools of medicine. Syme undoubtedly stands at the head of his profession in Scotland, and probably has no superior as a surgeon in the world, and is a medical writer of unusual ability. His works always command an extensive sale among the profession in Europe. Newton is at the very head of the Eclectic school of medicine in the United States, a lecturer of high standing, and is universally accorded a position among the most successful and reliable surgeons of the country. In pathology, therefore, they differ materially, and in this work, more than any other, are the excellencies of the two systems compared.

The editor exhibits perfect justice toward the author. He gives his writings complete, unmarred by the obliteration of a single word, and follows with his own notes and illustrations, evidently desirous of a fair comparison of the practice and remedies of the two schools of medicine. There is a difference, a wide difference, and both sides are ably set forth by worthy pens, amid a mass of information, in the work before us.

The book has been gotten up in the best style. It is printed in a superior manner, and is bound in the most substantial and elegant form. It contains one hundred and fifty-three illustrations, whereas the original work of Syme had but twenty-five.—*Cincinnati Daily Times*.

This is a new American edition, with notes and illustrations by Prof. Robert S. Newton, M. D., Professor of Surgery in the Eclectic Medical Institute of Cincinnati, and, for several reasons, must be an

attractive as well as a useful work to the medical profession. *Syme's Principles and Practice of Surgery* is too well known to need particular reference in this connection, and the author has held too high a position in Europe to admit of his skill, as an operator, to be questioned for a moment, nor could the task of laying it before the surgeons of the United States have been intrusted to a more competent pen than that of Dr. S. Newton. In pathology, Mr. Syme and his editor differ materially; and on this fact, and the difference of the therapeutic agents employed, depends the real merit of the work. The editor is evidently not afraid of a comparison of the merits and claims of the Allopathic and the Eclectic systems, for in this work they are compared throughout, permitting every surgeon to judge for himself. The remedies of both systems are presented, together with very appropriate comments on the value of each, rendering it one of the most desirable works now before the profession, which must attain a large circulation among surgeons of all schools.—*Cincinnati Daily Enquirer*.

Having been permitted to examine Syme's *Principles and Practice of Surgery*, edited by Prof. Robert S. Newton, I beg to express my opinion of the work, as far as read by me. To call in question the ability of Mr. Syme as an operator, in this enlightened age, would be equal to avowing one's ignorance of the science. This remark is, of course, to have a general application, for no man lives who may be said to have attained excellence in every particular. In pathology, Mr. Syme and his editor differ very materially; and on this fact, and the difference of the therapeutic agents employed, depends the real superiority of the work. The editor is evidently not afraid of a comparison of the merits and claims of the Allopathic and Eclectic systems, for in this work the two systems are compared throughout. Mr. Syme stands at the head of his profession in Scotland, and Prof. Newton at that of his in the United States; so that every surgeon need no longer be undecided as to the merits of the two systems, from inability to compare them. The remedies of both systems are presented, together with very appropriate comments on the value of each. My own impressions are, that this is the best work now before the profession, and will no doubt attain a very large circulation among surgeons of all schools. It will do more to elevate the Eclectic branch of the profession, in my estimation, than any work yet issued by that school. I speak of the work thus plainly, because I wish to see both the editor and author receive that credit which this great work shows them to each deserve.—*Press*.

This is a large and comprehensive work, embracing all that is important pertaining to Surgery—the modern improvements included. It is likewise valuable because of the fact of its being the production of two leading Surgeons—the one a prominent Allopathist, the other a conspicuous Eclectic. Syme stands at the head of his profession in Scotland, and throughout all Christendom is favorably known as a skillful and successful operator. In his part of the work all the

popular means and appliances of Allopathy are detailed, while the part contributed by Prof. Newton, one of the most experienced and successful Surgeons, embraces the improvement in remedies and treatment of the Eclectic school. The volume is gotten up in the best style.—*Middle States Medical Reformer.*

ROBT. S. NEWTON, Esq., Prof. of Surgery, Cincinnati, Ohio,
U. S. A.

2 RUTLAND STREET, EDINBURGH, 30th Sept., 1856.

My Dear Sir: I feel much obliged by your kind intention, and may refer you to the last edition of my "Principles of Surgery" (1856), for an expression of my matured views. In the Clinical Lectures published in the *Lancet* you will find more detailed explanations in regard to some particular subjects.

I am, my dear sir, yours, very truly,

JAMES SYME.

ECLECTIC TREATISE ON DISEASES OF CHILDREN. By Prof. ROBERT S. NEWTON, M. D., and W. B. POWELL, M. D. New York edition. Pp. 610. Price by mail or express, \$5.00.

NOTICES OF THE PRESS.

"We are not sufficiently acquainted with the Practice of Medicine to express any opinion upon that part of the book which is the work of Dr. Newton. This gentleman is widely known in our city, and an extensive practice has fully prepared him to do justice to this branch of the subject.

"To the adherents of the Eclectic School, we can cheerfully and warmly recommend the work of Professors Powell and Newton; and to those who heretofore had no respect for this school, we may hint that a perusal of this work might change their opinions and suggest some new views."—*Cincinnati Daily Gazette.*

"The treatment or practical part is the work of Prof. Newton, who, to our community, and to this portion of our country, is much better known than Prof. Powell, and is, perhaps, twenty years his junior; and yet it will scarcely be contended that we have a medical practitioner or a surgeon who has more thoroughly made his social, business and professional impression upon this city and this region of our country. No one has a character in either department of the profession that inspires more confidence. Hence the work under consideration may be regarded as presenting the Eclectic practice in its best and most enlightened shape, with much that is new in physiology and pathology from the pen of his co-laborer, who has measurably devoted his life to the investigation of these subjects.

"The application of all the new Eclectic remedies, which have been found to possess much utility by Prof. R. S. Newton, have been made to various diseases treated of in the work. This we understand

is the first instance in which these have been adopted in works on practice; this will prove to be of great importance to the cause of Eclectic practice, and to the profession at large."—*Cincinnati Daily Enquirer*.

ECLECTIC DOCTRINE.—"Disease we understand to be that condition of a part which disqualifies it for the performance of its function."

"Fever is a manifestation of an effort of the system to remove disease—a physiological action under the circumstances—a general or constitutional indication of disease."

"Inflammation is an evidence of local disease—an action produced for the restoration of a diseased part—an effort of the vital force to remove disease."

"Physiology is the science of life in all its modes of bearing, but is now usually restricted to life in a state of health."

"Pathology is the science of life in a state of disease—it is physiology under abnormal circumstances."—*Newton & Powell, on Diseases of Children*.

THE ECLECTIC PRACTICE OF MEDICINE. BY ROBERT S. NEWTON, M.D.
Professor of Surgery in the Eclectic Medical College of New York. Late Prof. of Theory and Practice of Medicine and Surgery in the Eclectic Medical Institute at Cincinnati.—Pages 600, New York, 1868. Price \$5.00 by Mail or Express.

NOTICES.

The Eclectic Practice of Medicine, by Robert S. Newton, M.D. This is a fine volume containing nearly 600 pages. It has been prepared with the utmost care, fine large type, clear white paper, and the most substantial binding. The subject matter of this volume embodies many new and important facts, not to be found elsewhere; together with results from new remedies, and new results from old remedies, which will be found of rare interest to every practitioner in the country, of whatever school, and valuable in their practice at the bedside of the sick. No conscientious or observant physician can well dispense with this important book from his professional library.—*Eclectic Medical Review*.

This treatise shows its author to be master of his profession. Such a work would be found useful, not only in the hands of the professed disciple of *Æsculapius*, but also in the hands of every intelligent reader. It would teach him both how to guard against suffering, and how to mitigate it while enduring it. The practice of the system which the Doctor advocates, must commend itself to the good sense of every reflecting mind.—*P. Witness*.

AMERICAN
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

VOL. IV.

JUNE, 1869.

No. 12..

ORIGINAL COMMUNICATIONS.

Fifth Commencement of the Eclectic Medical College of New York.

A LARGE and appreciative audience assembled at the College Building on Thursday evening, the 6th of May, 1868, to witness the Commencement exercises of the Fifth Session of the Eclectic Medical College of the city of New York.

In the absence of Prof. R. S. Newton, the President of the Faculty, Prof. W. W. Hadley occupied the chair.

The exercises were opened with prayer by the Rev. C. C. Goss. The report of the session just closed was then read by the Secretary of the Faculty, Prof. Paul W. Allen.

REPORT OF THE FIFTH SESSION OF THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK. BY THE SECRETARY OF THE FACULTY, PAUL W. ALLEN, M.D.

THE Faculty of the Eclectic Medical College of the city of New York, congratulate the Trustees and friends of this institution upon the circumstances in which we are assembled on this occasion. The fifth session of the college is closed with the graduation exercises of this evening. Five classes of physicians will on the morrow have gone from these walls, claiming this college as their *Alma Mater*. The young men who have here been instructed, have come here,

in this and former sessions, as sincere and earnest seekers after knowledge. They have made this their chosen place of tuition, because they desired an honest, independent investigation of all the truth which belongs to medicine and surgery. The spirit of true science is ever without bigotry; and especially should the student of science be free from all prejudice when the objects of his study are truths which most practically relate to the good of humanity.

The physician is, in an enlarged and true sense, the friend and helper of his fellow man, that noble and knowing friend, whose duty is to understand and use those agencies which are to save the life of his brother man, or in the last emergency to take away his physical suffering and his mental anxiety. What can be more ignoble and degrading, in one filling such a responsible and sacred office, than to confine one's remedies to those discovered in any one age, in any one country, or by any one class of physicians. Humanity can accept of nothing less, in such circumstances, than *all* that the physician can know. His benevolence as a humanitarian should unite with his knowledge as a man of science, and both be dedicated with earnest, clear-sighted purpose, to stop suffering and save life.

With such noble impulses have these young men, day after day, and session after session, met here to receive counsel and instruction. We believe that those who compose the faculty of instruction in this college have ever encouraged these aspirations, this manly and independent thought, this determination to know from all what may be known, that shall fit them for their high vocation. Our students have all been earnest workers, faithful in duty and true in spirit. They have gone forth into an hundred fields of professional labor, and love, and care, to exercise their calling. This faculty have watched their work, their position, and their success, as fathers do, who send forth their sons into distant cities and far-off climes, to develop new enterprises. We feel that we have a goodly report from these men, that they are worthy fellow-laborers; that they are successful in almost every instance; and that, in instances not a few, they

have already fully established themselves in their several communities, as responsible, intelligent, and trusted advisers. Again and again do they write their instructors, thanking us a thousand times that we gave them that knowledge of medicine upon which they could depend; that knowledge which has already given them a position and a practice in advance of those men of other systems of medicine who are their competitors.

Quite a number of our students in this and previous terms, had previously been graduates and practitioners of allopathy and homeopathy; and these now add their willing and grateful testimony to their success, since being taught those remedies of progressive medical science which they learned in this college.

This evening seventeen graduates will receive the degree of Doctor of Medicine; and we cannot refer to them less than to say that they have been diligent and faithful in their studies and attendance upon the lectures. We judge, too, that they recognize correctly the true principles of medicine, and that philosophic temper and logic which should characterize all through our lives the devoted and successful members of our profession. We expect to hear of them as well as *from* them, and to know that they are, in each of their communities, physicians whom the intelligent public will delight both to trust and to honor.

We cannot close this Report without a few words to the Trustees of this College, and to those friends of Liberal Medicine who are here assembled. We are almost daily receiving applications from numerous cities and towns asking us to send them, to use their own words, "a good Eclectic Physician." Not one-fourth of these positions can be filled. There are hundreds of places where the public sentiment demands this Eclectic practice, where it is recognized as a system of science and success. Men who have seen the treatment of patients under the different systems of medical practice, do not want to trust their lives and the lives of their families and friends with any other practice. All that we can say to three-fourths of these applicants is: Send us

your young men,—your young men of purpose and principle, of good brains and honest hearts, of natural intelligence and judgment, and let us store those intellects for your use and for blessing all your communities. Medical education is not alone a personal and selfish matter. It is not less for the community than for the physician himself. It is a great public interest and welfare. The kind and degree of a physician's education is very often, in a time of prevailing sickness, that which practically decides how many shall live and how many shall die. And there is no nobler benefaction which any man can confer than to rightly educate an earnest, clear-thinking, and clean-souled man, in the daily useful and ever responsible profession of medicine. Many men of wealth now ask themselves, as they realize that their footsteps are approaching towards the end of the march of an honorable and successful earthly life; what can the surplus of my possessions do for humanity? One man decides to found an institution of learning for his native town; another establishes a public library; another endows a hospital; a fourth establishes an asylum for the aged poor; another endows a new professorship in some college, or bequeaths a liberal sum to a bible, tract, or missionary society.

The Eclectic practice has now many friends among the intelligent, wealthy, and influential; and it seems to us that some systematic effort should be made to direct the attention of such persons to the needs of medical education. Who will educate young men? Who will endow our colleges, and thus greatly enlarge our facilities of instruction? Hundreds of men, in numerous cities and towns, intelligently and most decidedly prefer our practice. How can they be more useful than to assist in endowing colleges to educate such persons to the highest standard of scientific attainment and practical success?

The facilities for instruction in this college are every year improving. The faculty are constantly adding to their experience and to their information as to what should be taught, and how it should be taught. Our students are favored with as much clinical instruction as it is in our power

to give. Numerous cases are presented to the class; and our city affords the most enlarged opportunities for clinical observation under allopathic and homeopathic teaching of any city in the world. Our students can thus compare other teaching with that taught within these walls, and thus definitely know the clinical practice of all the different systems, and judge of their relative merits for themselves. We have even arranged our hours of lectures so that they can make this practicable, and they have done this faithfully and extensively. It would be an advantage, with the increased number of Eclectic Dispensaries in this city and Brooklyn, to have still fuller clinical instruction in our own methods and remedies of medical and surgical practice. We hope that soon another professorship will be added to our already quite complete corps of instructors—a professorship of Clinical Medicine and Surgery. This would be warmly welcomed by our classes and appreciated by the entire profession of the country. When such a plan is consummated, we are confident that many physicians and surgeons of both allopathic and homeopathic education and practice, will here resort to learn those newly developed truths, in theory and in practice, which are so inestimably useful to the profession and to the afflicted.

Our course is onward. This school is no longer an experiment. We shall certainly realize success. This college is the exponent of a public sentiment which is every day growing stronger. Three years ago, the Eclectic Medical Society of this city numbered only ten; now it numbers nearly fifty. Our State society then numbered fifty; now it contains one hundred and fifty members, and its "Transactions" are annually published at the expense of the State, in a large volume. The faculty and trustees of this institution believe that it is destined to exert a wide and powerful influence on the medical education of the entire country, and we ask our friends here and everywhere, to efficiently second our efforts with a zeal and energy equal to the great and noble cause in which we are engaged.

Then followed the announcement of the names of the candidates for graduation :

LIST OF GRADUATES.

CHARLES H. ARCHER.....	New Jersey.
L. A. SHATTUCK.....	Maine.
B. F. CHAPMAN.....	New York.
W. J. SMITH.....	Brooklyn.
W. D. CHEESBROUGH.....	New York City.
W. A. ALLEN.....	New York “
S. ROE, JR.....	New York “
Mrs. E. A. BROWN.....	Massachusetts.
Mrs. ZITELLA OSTRANDER.....	New York City.

AD EUNDEM.

R. W. GEDDES.....	Massachusetts.
E. W. DEWITT.....	Arkansas.
T. S. PERKINS.....	Massachusetts.

HONORARY.

JOHN J. HYDE.....	New York City.
WILLIAM JONES.....	“ “
SAMUEL TUTHILL.....	“ “
JOHN M'CARTNEY.....	Ireland.
OLIVER CRANE.....	Pennsylvania.

The degree of Doctor of Medicine was conferred by Dr. D. E. Smith, of Brooklyn, Vice-President of the Board of Trustees, who delivered to the graduates an eloquent and highly impressive address, touching their duties as physicians and as men.

We regret that our space forbids the publication, at present of the doctor's beautiful discourse, but hope to have the pleasure, at some future time, of laying it before our readers.

Brief addresses were then made by Rev. C. C. Goss, by Professors Comins and Day, and by Henri L. Stuart, Esq., Corresponding-Secretary of the Board of Trustees.

The valedictory address, in behalf of the graduating class, was delivered by Charles H. Archer, M.D. It was a well-written and very interesting production, and reflected the highest credit on the talented young writer.

The charge to the graduates, in behalf of the faculty, was pronounced by Prof. J. M. F. Browne, who spoke as follows :

Ladies and Gentlemen of the Graduating Class :

My colleagues of the Faculty have assigned to me the duty of representing them on this occasion, and of addressing to you, on their behalf, a few words of congratulation and of parting advice.

The tie that has bound us together for the past eight months is soon to be severed, and we meet no more in the capacity of instructors and students.

Having completed a lengthened period of arduous study and passed the dreaded ordeal of the "Green Room," you have received, at the hands of the Vice-President of the Board of Trustees, by the authority of the State of New York, the degree of Doctor in Medicine. This is, indeed, a distinguished honor; it is the evidence of high attainments in medical studies; of your qualifications as prospective practitioners, and of your right to be recognized as members of a liberal and highly honorable profession.

In behalf of my brethren of the Faculty I congratulate you on the attainment of this honor, and welcome you as co-laborers in the fields of medical science.

The profession you have chosen is a noble profession, and worthy the devotion of a life-time. It is not a mere mechanic art to be followed, simply, for the sake of earning a subsistence; nor is it a species of trade governed by the mercenary calculations, and the petty jealousies of commercial traffic. It is a profession founded on the wants of society; a profession rendered necessary by the ills to which humanity is heir. It is a mission of benevolence that has for its object the prevention of disease, the cure of disease, and the amelioration of the condition of man. It is a mission of mercy, and like the quality of mercy, it is twice blessed: it blesseth both him that gives and him that receives. There is no vocation in life more capable of good, if it is properly practised, nor is there any that furnishes its followers a more salutary school both of mental and moral discipline. While it affords abundant exercise for the mind, it, at the same time, has to do with objects that touch the heart, and call forth the finer feelings of our nature. To the faithful physi-

cian his profession teaches the most impressive lessons, and conveys the most solemn warnings. It checks his pride, it quickens his charity, and keeps him constantly reminded of the shortness of life, the certainty of death, and the insufficiency of all mere worldly considerations.

Such is the profession on which you are about to enter. Allow me to describe to you the spirit in which your instructors would have you practise it.

First. *They would have you never forget the deep responsibility of your calling.* The physician is the earthly arbiter of life and death. He is the first and the last friend of frail humanity. He is the guardian of our race in the beginning of life, and the soother of their pangs at its close. The weaknesses of men, carefully concealed from the gaze of the world, are, in time of sickness and misfortune, laid open to his eye. Before him the trappings of greatness are dropped and the gewgaws of fashion laid aside.

In your career as physicians you may be called upon to act in various capacities; you may be the advisers of legal tribunals in the administration of justice; you may be the superintendents of institutions for the sick and the insane; you may be the regulators of sanitary conditions of armies, and fleets, and cities, and nations. And if you are to act in these capacities, if you are to sustain such relations to society, you ought by every feeling of duty, to be incited to activity and usefulness; you ought to be learned, discreet and wise; you ought to be blameless in your life and character, and, above all, you ought to cherish a deep sense of the responsibility of your profession.

Secondly. *They would not have you cease to be students because you have obtained your diploma.* Medicine is a progressive science, and those who would keep pace with its improvements must cultivate it with fidelity and zeal. You are not at any time to imagine that you have already learned all that is to be known, or even all that is useful; nor are you to suppose that you can ever reach that point at which improvement and progress cease. The constitution of man is constantly undergoing modifications which are brought

about by education, by luxury, and by the physical changes of the globe. These constitutional modifications are attended by corresponding modifications in the form of disease. And as new diseases, and new forms of disease are constantly presenting themselves, new modes of treatment must be tried, and new remedies sought for and tested. Thus a ceaseless task is imposed upon you. Enter upon it with determination and vigor. Study carefully everything calculated to make you more efficient practitioners. Accept truth from any and every quarter. Receive it gratefully as well from the unlettered laborer, as from the learned sage. Newton disdained it not though it came from a goatherd; and Cæsar did not reject it even from a raw recruit.

Thirdly. *They would have you practice your profession faithfully, earnestly ; and in your practice to be ever governed by a high feeling of duty and moral obligation.* A desire to practise your profession faithfully and earnestly will prompt you, in cases of difficulty, to seek the advice of some brother practitioner. No two men follow exactly the same line of study, and scarcely any one man is completely master of every disease he may be called upon to treat.

What *you* do not know, some one else, from attentive study, may thoroughly understand. Be not deterred, therefore, by shame or by any desire for gain from asking advice. It is better, under such circumstances, to acknowledge one's ignorance than to tamper with the affairs of life and death. In the practice of your profession you will be brought into the most intimate relations with the families of your patrons. You will be entrusted by them with private matters that are never alluded to outside the family circle. You will be made the depositaries of secrets, the disclosure of which would cause unspeakable mortification and distress. Is it necessary to say that professional duty, no less than personal honor, demands that as to these things, your lips should be sealed forever? Be true to the interests of your patients, and in your intercourse with them let prudence, and kindness, and delicacy mark your deportment. Listen patiently to the recital of their sufferings, and be not dis-

turbed by their petulance or irritability. In your professional career it will be yours to staunch the bleeding wound, to quench the fever's fire, yours to mingle in scenes of sorrow, and to watch the progress of loathsome and incurable maladies. But let not your daily familiarity with such things blunt your sensibilities, or beget in you indifference to human suffering. Be not surprised if you sometimes meet with ingratitude, and be ignorantly and undeservedly charged with the commission of errors. Brought in contact as you will be, with all classes of men, you must expect this ; but your consistency and integrity and professional prudence will deprive the barb of its point and the slander of its sting. Be prepared to find that our profession, like other professions, has its trials, its difficulties, and its disappointments ; but it has its hopes, its enjoyments, and its triumphs too. Your judgment may be sorely puzzled, your professional skill severely taxed, your strength well nigh exhausted in treating and watching a critical case, but all these things will be forgotten in the pleasure experienced by the reflection, that pain has been relieved, disease checked, death baffled, and the life of the patient saved.

Fourthly. *They would have you treat your brethren of the profession with courtesy and respect, and protect their reputation as you protect your own.* Manifest a feeling of brotherly kindness towards your professional brethren, and in your course towards them imitate the spirit of the two brothers in this beautiful Arabian legend. "In the olden time before the temple was built, or King Solomon reigned, the site of the city of Jerusalem was a ploughed field. This field was the joint inheritance of two brothers, and had devolved upon them in the right of their mother. One of the brothers was married and had several children, the other lived a bachelor. They cultivated the field in common, and at harvest time bound up their sheaves, and made of them two equal stacks, which they left upon the field. During the night this thought occurred to the bachelor brother : 'My brother,' said he to himself, 'has a wife and children to maintain, it is not just that our shares should be equal ; let me then take

a few sheaves from my stack and secretly add them to his; he will not perceive it, and, therefore, cannot refuse them.' This plan he immediately executed. That night the married brother awoke, and said to his wife: 'My brother is young and lives alone, without a companion to assist him in his labors and console him under his fatigues; it is not right that we should take from the field as many sheaves as he does; let us get up and secretly go and carry a certain number of sheaves to his stack; he will not find it out to-morrow, and, therefore, cannot refuse them; and they did so accordingly. The next day both brothers went to the field, and each was much surprised to find the two stacks alike, and neither could account for it. They pursued the same course for several successive nights, but as each carried to his brother's stack about the same number of sheaves, the stacks still remained equal, till one night both determined to stand sentinel, in order to find out the mystery. The result was that the two brothers met, each bearing sheaves for his brother's stack." And tradition has it, that the ploughed field became the city of Jerusalem, and the spot where the brothers met became the site of King Solomon's temple. This beautiful legend teaches the lesson I wish to convey. Be kind to your professional brethren. Increase their reputation if you can, but do nothing to diminish it. Carry a *dozen* sheaves to your brother's stack, but take not *one* from his.

Lastly. *They would have you be liberal in your principles and tolerant of the opinions of others.* Be not the bigoted devotees of any exclusive theory, nor the blind adherents of any particular party or sect. Do not forget that others have as much right to their opinions as you have to yours; and that in this land, and under this government, there must be no proscription for opinion's sake. Any man who makes medicine a profession, and who grapples successfully with disease, is a physician and ought to be recognized as such. No matter by what name he may be called, no matter at what school he may have graduated, if he understands his profession, if he relieves human suffering, he is a

physician, and is entitled to all the privileges and immunities of a physician. And every practitioner who tries to do good, who labors for the benefit of humanity, is your brother, and is worthy of your respect and your friendship. Away, then, with all intolerance! Away with all sectional bigotry! Away with all party hate! They are a disgrace to our civilization; they are a disgrace to our humanity. Let us look forward to the time when the bickerings of medical sects shall cease, when Allopathy, Homeopathy, Hydropathy, and Eclecticisim shall be at peace, when Judah shall no more vex Ephraim, nor Ephraim Judah, but when with one heart they shall labor together, and with one voice together shall they sing.

And, now, ladies and gentlemen, I and my colleagues bid you farewell. It is not without reluctance that we sever the tie that has bound us together. We part with mutual esteem, as I trust, and in sincere friendship. In going from us, you carry with you our best wishes for your health, happiness, and success. Let us hope that you will regard your past instructors as your future friends; that you will cherish a kind feeling for your Alma Mater, and regard her reputation as in some degree identified with your own. And, now, go forth from this place in sincerity of heart and honesty of purpose. Gird up your loins for the march of life, and put on your armor for the battle of life; and may the God of heaven go with you and bless you! And when, in your professional career, you have been successful in treating disease and relieving human suffering, see to it, that you become not presumptuous, self-conceited, or vain. Remember you are but the honored instruments of a Superior Power; and that, after all, "It is God who healeth our diseases, and redeemeth our life from destruction."

30 East 19th St., New York.

A Case in Practice.

BY J. M. COMINS, M.D.,

Prof. of Obstetrics and Diseases of Women and Children in the Eclectic Medical
College of the City of New York.

I WAS called on March 10th, 1869, to see Mrs. —, a lady about forty years of age, of a nervous sanguine temperament, who has usually enjoyed good health, save in gestation. She is the mother of four healthy children. I found her *enciente*, for the sixth time, about two months advanced, having aborted two years since; at about the third month of utero-gestation. I found her suffering extremely from gastritis, not being able to retain any thing upon the stomach. Nourishment of any kind, or drinks, or even a teaspoonful of water would excite severe retching and vomiting. Her eyes were much inflamed. She had sore mouth, of a very aggravated nature, much resembling “nursing sore mouth.” The tonsils were very much enlarged and very irritable, making it quite difficult to swallow; and the whole of the organs of the throat were badly swollen, interfering with respiration. She had a leucorrhœa of an acrid character, and quite profuse, which had produced severe vulvitis; the labia were very much congested, and swelled nearly as large as a man’s arm, so that she could not approximate the limbs. She was suffering extremely from want of rest, not having slept much for the last two or three weeks. There was an extreme nervous excitement, bordering on mania. Her pulse was about one hundred and thirty, hard and wiry. I first gave her syrup of rhubarb and potassa, (neutralising cordial), in small doses, which was soon rejected; I gave pepsin to aid in digestion; I tried various kinds of food; I gave opium, morphia, gelseminum, and several other sedatives. I tried stimulants and anti-spasmodics, such as capsicum car. ammonia camphor, nux vomica, &c.; I tried tonics, hydrastis can., wild cherry, cal. bark, iron; and I tried counter-irritation also, but all to no purpose. She seemed to be growing constantly worse. To relieve the vulvitis I applied soothing compresses, poultices, and astringent washes; for

injection I used hydras can. in decoction, and sul. zinc in weak solution, carbolic acid, preparations of iron, &c., with no other benefit than affording the patient some temporary comfort. I could give her nothing that seemed to do her any permanent good, and could but try to induce rest and sleep, which I did by hypodermic injections of morphia, about one-tenth of a grain night and morning. My patient became extremely emaciated. She was slowly but surely dying of anæmia. What could I do? I had tried all the remedies that seemed applicable to her case, and I must soon lose her or resort to something not laid down in the books.

Having in this way consumed about four weeks of valuable time, I resolved to induce miscarriage, and after a full statement of my opinion to her and her friends, I injected about four ounces of tepid water, high up in the uterus by the aid of a uterine syringe. No unfavorable symptoms followed. Uterine contractions commenced very soon, and the expulsion of the whole contents of the uterus took place about forty hours thereafter. From that time forth the patient improved rapidly. Within twelve hours after the expulsion, she was able to retain nourishment in the stomach, and slept quietly without the morphine injection. The discharges from the bowels for the last two weeks, having been mostly mucous and jelly like, now began to assume their natural condition, and very soon became normal both in quality and quantity. She is now completely convalescent. She has always suffered during gestation, but never so severely as in the instance described. Without the least doubt she would have died of anæmia—died a wild raving maniac, had I not relieved her of the foetus. Who can suggest a better remedy?

100 East 26th Street, New York.

PERISCOPE.

On the Treatment of Asthma by Belladonna.

IN a paper published in the *Lancet*, Dr. Hyde Salter speaks highly of the beneficial effects derived from the em-

ployment of belladonna in the treatment of asthma. He thinks the peculiar excellence of belladonna as a sedative consists in its power of diminishing reflex irritability. He cites several cases in which its value was peculiarly marked. His method of employing it is as follows: He orders ten minims of the tincture of belladonna three times a day, the quantity to be increased day by day until the characteristic effects of the drug are produced. In those cases in which the paroxysms come on at night, he directs the patient to begin with ten minims on going to bed and gradually increase the dose until the head and sight become affected. In some cases 40 minims can be taken without any appreciable inconvenience. He concludes the paper as follows:

I believe one reason why belladonna has not had a greater reputation as a remedy for asthma is that it has not been given in large enough doses. I think that, like lobelia, it must be given in doses sufficiently large to produce its physiological effects, otherwise we have no right to say that it has been fairly tried, or to conclude that it has been a failure if it has not achieved a cure. I think to give ten minims three times a day in some mixture is simply worthless. I have seen now numberless cases in which both belladonna and lobelia have been consigned to the limbo of failures, when a fresh trial of them, on the plan of gradually increasing the doses till an ultimatum has been reached, has proved them to be perfectly successful remedies. Sometimes, but very rarely, belladonna will relieve asthma when given short of a physiological dose; sometimes, but still rarely, it fails to give any relief even when pushed to its full physiological effects; the common thing is for it to fail till so pushed, and then to succeed. When I find belladonna has only been taken in the ordinary small doses, without any increment, I always regard it as not having been tried at all.

The advantages of administering it in the way I have described are:—

1. That, giving it at night, you bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and thus, if you are successful, tide your patient over the critical time.

2. By gradually feeling your way up to the required dose, you are able ultimately to reach without fear a dose which you would be unwilling to prescribe without such a tentative approach.

3. In those cases in which the therapeutical dose is reached before the physiological—that is, in which the asthma yields before the sight or head is appreciably affected,—it enables

you to stop short as soon as relief is obtained, and thus spare your patient any of the disagreeable effects of the drug.

4. By giving it only once in the twenty-four hours, you are able to give a larger dose than you would be able to do if oftener repeated.

5. By confining the dose to bedtime, the patient's days are, in spite of a large dose, passed in comfort; for, as the morning advances, the dullness of head, confusion of sight, and drought of mouth pass away.

6. You are thus enabled to find out what is the dose for the individual—a very important point. People differ very much in their tolerance of belladonna. Some of my patients have been unable to take more than twenty minims once in the twenty-four hours without very unpleasant symptoms; while I have known others able to take a drachm three times in the same interval without any inconvenience. And as they differ in their tolerance of the drug, so do they differ in the dose at which their asthma will yield. The only way to ascertain what that dose is, is to make each case a separate experiment, and this can only be done in the way I describe.

7. By giving the remedy three or four hours before the attack is likely to come on, the treatment becomes *prophylactic*. If by taking a dose every night for thirty nights the attacks have been for that time prevented, the patient has ceased to be an asthmatic for a month. This is a very different thing from having had thirty attacks in the same time which have been cut short by the remedy. In all "habitual" diseases, in which the recurrence keeps up the tendency, prophylactic treatment has, in relation to final cure, a pre-eminence it does not possess in diseases in which habit has no place. For such diseases it is *the* treatment. It does more than spare your patient an attack of his malady; it breaks, *pro tanto*, that chain of sequences which is the very life of the morbid tendency.

Treatment of Typhoid Fever.

By E. SHEDD, Esq., Surgeon to the Ardwick and Ancoats Dispensary, Manchester.—Great success having this year attended my treatment of cases of typhoid fever, I have thought that possibly a few remarks on my mode of treatment may be not without interest.

My treatment is the following: As soon as there is any tenderness in the abdomen upon pressure, I prescribe drachm

doses of glycerine (in the case of an adult), to be repeated three times a day. Under this treatment, the temperature gradually subsides, becoming normal towards morning, and rising to 99° Fahr. towards evening. The secretions soon improve; a profuse perspiration frequently prevails; diarrhoea is quickly checked; and the patient becomes convalescent.

Of the numerous cases which have come before me in my practice, I have treated twenty-seven in the manner described, and with complete success, as not a single death from typhoid fever has occurred—a fact which, as it seems to me, is the more remarkable, as I have much reason to believe that the disease has been of a more virulent type than usual, because I find, from my own observation and the information of others, that fevers of the typhoid class have been this year more than usually prevalent, at least in Liverpool, Manchester, and Salford.—*British Medical Journal, and New Orleans Journal of Medicine.—Med. Gazette.*

A Simple and Easy Method of Ascertaining Death.

THE Marquis d'Orches having offered a premium of twenty thousand francs, for the discovery of a practical method of ascertaining death, available even in the poorest hamlet, Dr. Carrière, of St. Jean du Gard, presented the following which he states he has put in practice for the last forty years, namely, placing the hand with the fingers closely pressed one against the other, within an inch or more of a lamp or candle; if alive, we observe the hand to be transparent, of a rosy hue, and capillary circulation, or life in full play. If, on the contrary, we place the hand of a dead person in the same relation to light, we do not perceive any of the above phenomena; we see but a hand of marble, without circulation, without life.—*Journal de Médecine et de Chirurgie, and New Orleans Jour. of Medicine.*

Recovery from Severe Cerebral Lesions.

IN July, 1864, Mr. Chase was doing some work under a picket saw, which was running at great speed, when inadvertently raising his head against the saw he received a cut beginning at the frontal bone, one half-inch above the nose, and running back to the occipital bone, making an incision

in length, measuring by the convexity of the skull. Dr. A. C. Folsom was called, but at first thought it useless to dress the wound, believing that the man would die in a few minutes; but Mr. Chase being perfectly conscious and free from pain, he concluded to attempt a careful dressing, encouraged somewhat, he says, by remembering the case of a man in Vermont who had a tamping iron blown through his head and recovered therefrom. The cut gaped open so that the skull bones were a full inch apart. Dr. F. estimated that the brain was cut nearly to its base, fully three inches deep. He inserted a pocket rule an inch and a half. He carefully removed all fragments of the skull—taking out over thirty pieces—and washed out the saw dust that had got into the opening, using warm water to promote hemorrhage, which was slight for such an extensive wound. He also washed out more than a tablespoonful of brain. How much more the saw carried away we can only conjecture. The doctor then shaved the scalp, applied a tourniquet to bring the bones together, and closed the aperture with six stitches, finishing with adhesive plaster, and leaving three openings. The only dressing ever used was cold water.

The patient was in full possession of all his faculties during the whole time, and said he experienced no pain then or afterward until he was entirely recovered. He visited the mill about four weeks after the accident, and soon after resumed his duties as filer and foreman, which position he still holds. He says he never lost sleep or appetite, or experienced any physical or mental pain or weakness from his wound.—*Med. and Surg. Reporter.*

Carbolic Acid.

WE think it necessary to put our readers on their guard against an incautious use of carbolic acid. It seems to be forgotten sometimes that this substance exercises a powerfully destructive action upon animal tissues, and that it is, in fact, a very strong caustic when concentrated. There is no doubt that many serious accidents have recently occurred from surgeons not being aware of the properties of the remedy they use so freely. It must also be remembered that the direct application of carbolic acid, even in a diluted form, to a granulating surface, will often delay cicatrization, and tend to promote suppuration, whereas, if it is employed at a distance from the wound, it will tend to diminish the formation of pus. There is, moreover, a good deal of evidence

to show that it tends to stimulate the circulation through the smaller vessels, and thus gives rise to hemorrhagic cozing from recently cut surfaces, preventing their primary adhesion. If, however, it be properly applied in a diluted form to the wound itself, and in some permanent and non-volatile form to the external parts, it will be found to have a powerful influence in retarding and diminishing suppuration.—*Med. Times and Gazette.*

Defects in the present State of the Law with regard to Criminal Lunacy.

WE have repeatedly pointed out how entirely inconsistent with our present knowledge of mental diseases are certain leading principles which are accepted and applied in the administration of justice. The metaphysical test of mental capacity, founded on a knowledge of right and wrong, or of good and evil, which is applied in criminal cases, has originated in opinions regarding mental diseases which are now obsolete, and is condemned with one voice by all those who, in this country and other countries, have practical knowledge of insanity and the modern method of its treatment. Indeed, the practicability and success of the modern humane treatment of the insane are based on the existence of a knowledge of right and wrong in the great majority of them; only those who are completely frenzical or fatuous can be truly pronounced destitute of such knowledge. And it is no exaggeration to say that if the unjust and inhuman legal dictum were stringently applied, as many as nine out of ten lunatics in asylums would have to be hanged in the event of their committing murder. There is, in regard to this most vital point, a direct antagonism between advancing medical science and the law which has descended to us from the time of the witch-burning Sir M. Hale; and the antagonism will never cease until the legal dictum has gone, as it must inevitably some time go, the way of the dicta under which poor old women were burnt as witches.—*Lancet.*

The Dengue Fever in San Francisco.

SINCE the abatement of small-pox, some of our physicians have reported the prevalence of Dengue, or Break-bone fever, in San Francisco. This rather singular disorder, which has run its course as an epidemic, or as an endemic, in several

parts of the world during the last fifty years, is marked by violent pains in the back and limbs, with an eruption resembling scarlatina, and has been called scarlatina rheumatica by some writers. In respect to pain, it has a resemblance to the ante-eruptive stage of small-pox. That it is now prevalent, we are not disposed to admit. There is no doubt, however, that the variolous diathesis still lingers in the atmosphere or in the body, imparting to existing disorders certain modifications the chief of which are pain and eruption. In the majority of cases, the eruption has the appearance of measles or scarlatina, but the cough of the former and the red tongue of the latter are wanting. Other cutaneous affections of an anomalous character exist, and quite a number of cases of herpes zoster have fallen under our notice. We hold that the opinion expressed by Dr. Logan in his account of the diseases of 1868, is highly plausible, viz: that some other epidemic may be expected to follow on the heels of variola. Meantime the variolous cloud, so to speak, still hangs over certain localities—Sacramento, for instance, and parts of Nevada and Oregon—showing how difficult it is, with all our protective agencies, to exterminate the disease when it has once made a home for itself and is fortified by the invisible and mysterious influences which we call *epidemic*.—*Pacific Med. and Surg. Journal*.

Extensive Blood-Clots.

A most remarkable instance of blood-coagulation is recounted by Dr. Henry Gibbons, Jr., in the *Pacific Medical and Surgical Journal*. The case was that of an Irish butcher, aged 40, with cardiac disease, in St. Mary's Hospital. He had suffered from dropsy in 1864, but had subsequently partially regained health. A year ago a recurrence took place and he continued to grow worse. Examination revealed extensive dullness over the precordial region and loud systolic murmur especially at the base of the heart, whence it was propagated through the aorta; sounds normal, except slight harshness of the first. There had been no pain in the chest. Death occurred within twenty-four hours after the examination. The following interesting description of the post mortem appearance we give in Dr. Gibbon's own words:

Autopsy, assisted by Dr. Bates and Mr. Clarke of the Hospital. Lungs normal. Some effusion in the pleural and abdominal cavities. Five ounces of serum in the pericardium; heart enlarged to over three times its normal weight; and

walls of left ventricle thickened to five-eighths of an inch. All the valves healthy and closure perfect, except the mitral, whose edges were thickened, but not sufficiently to cause much interference with its movements. All the cavities were filled with clots, those in the left heart being the most firm. Continuous with that in the left ventricle was a clot extending into the aorta and its branches, even to their smaller divisions. When drawn out, this clot was over five feet long, and showed branches whose extremities must have come from the radial and ulnar arteries as far as the wrist, and the tibial and peroneal arteries as low down as the ankles. The clot was firm and light yellow in color, and must have been at least twenty-four hours in forming. A similar clot was drawn from the vena cava, but it was neither so consistent nor so long as that from the aorta. Large deposits of adipose matter existed within the thoracic and abdominal cavities; the heart was overloaded with it and the kidneys were surrounded with it. The mesentery was from a fourth to a third of an inch thick from the deposit of fat between its layers. The liver showed commencing cirrhosis but was not materially affected. The kidneys were both small and contracted, the right one especially presenting signs of fatty degeneration. Some urine drawn from the bladder during the examination contained albumen, but not in great quantity.—*Med. Gazette.*

Longevity and the Causes of Death.

A CORRESPONDENT of the *Lancet*, writing on Longevity, says: Dr. Allbutt is of opinion that, "setting apart accidents from without, all men die of old age." It is quite possible that such a large interpretation may be given to the phrase "accidents from without," that Dr. Allbutt and myself may prove to be of almost the same way of thinking. The bearing of Dr. Allbutt's sentence, like that of the oracular Bunsby, lies in its application. If, as the result of "accidents from without," Dr. Allbutt includes, as I do, the majority of the diseases from which we suffer, he and I are much of the same opinion. If he considers "accidents from without" as exceptional causes of death, and holds that the majority of human beings reach the term for which they were constructed to last, and perish eventually from the simple effect of time upon their tissues, he holds an opinion from which I dissent.

We may perhaps allow, using the language of paradox,

that all who die of disease which is purely hereditary or innate, die of age, though their years may be few. They have become the victims of change which only required time for its development. The majority of mankind, however, inherit, not disease, but a liability to disease, and die at last because they are vulnerable, and circumstances adverse. They die from accident as much as if their bones had been broken, or their necks dislocated. This conclusion can scarcely fail to force itself upon the mind of any one who has had much experience in post-mortem examinations. Most human beings die before they are in any general sense worn out. Causes, often distinctly traceable from without, have set up in certain organs processes which break some link in the chain of vital action. This may, and often does, happen, while the general structure of the body is not appreciably the worse for wear. When a child dies of scarlatina, or a robust laborer of typhus, is it possible by any abuse of language to describe them as dying of age? All epidemic and all contagious diseases, including syphilis with its thousand consequences, are not necessary, but accidental, causes of death. How large a proportion of humanity do these kill? Further, how many persons fall victims to the consequences, perhaps remote, but none the less certain, of unhealthy pursuits and injurious habits? The Sheffield workman who dies at thirty of grinder's rot, the painter who gets granular degeneration of the kidney from the absorption of lead, the abuser of alcohol, who has before him a choice of evils—all these are the victims of accident, not of age. The same may be said of all in whom fatal changes are produced by the effects of weather and climate. How many persons dead of bronchitis, pneumonia, or even of phthisis, would still be alive were it not that at a certain time they were exposed to influences which, to use a common phrase, "gave them cold?" How many have died of the remote sequelæ of an attack of rheumatic fever, which under different external circumstances would never have occurred? In all these cases death has resulted from external causes as much as if the victims had been crushed in the recent earthquake; and I might protract the list almost indefinitely. The further we search into the causes of diseases, the more examples we find of morbid changes which are traceable to influences acting from without. Having excluded them all, we may say with Dr. Allbutt, "the rest die of age."—*Med. Record.*

Remedy for Intestinal Worms.

MR. E. C. HASERICK, of Lake Village, Mass. (*Boston Journal of Chemistry*), a chemist of some note, who has spent considerable time in investigating the habits of intestinal worms in animals, states that worms in horses may be treated by simply keeping the external orifice well anointed with lard, and that this remedy will completely cure every case of worms in the intestines in one week. From his observation he is satisfied that worms in the intestinal canal cannot propagate their species without access to light and air, and the prevalent idea that the parasitic ovum is deposited in the mucous follicles of the stomach and intestines is entirely incorrect.

The intestinal cavities are not the natural breeding-places for any variety of species, and the instinct of the worm leads it to crawl to the anus, and then outside the folds of the sphincter muscle the eggs are deposited and hatched. The process is a rapid one, the egg requiring but five or six hours after it is deposited, to germinate and produce a new animal, which at once enters the intestinal canal as its natural feeding ground and home. As the life of the worm does not exceed six days, he claims that if the eggs can be destroyed so as to prevent repetition of life, the animal will in one week be entirely free of the trouble, the dead worms passing away in the fæces.

In pursuing his investigations regarding the habits of worms, Mr. A. tried numerous agencies for an external application, before being sure of the virtues of lard for the purpose. He says he has observed the worms approach the external orifice, move about, and return to die, being unable to lay their ova upon the oily surface. No internal medicine of any kind is necessary.

He also asserts that children can be relieved in the same way, by the application of lard to the anus. The severe itching in that locality is caused by the parasites crawling to the surface to deposit their ova, and if this can be prevented, so that no new families may hatch and colonize, the old ones soon die out, and relief is given.—*Med. Record.*

Treatment of Diseases of the Heart.

DR. S. O. HABERSHON, Physician to Guy's Hospital (*Guy's Hospital Reports*, 1867), lays down seven principles of treat-

ment for diseases of the heart: 1st. To lessen its work; 2d. To insure regularity of action in avoiding all excitement; 3d. To lessen the distension of the right heart by purgatives, diuretics, etc.; 4th. To prevent syncope attendant upon exhaustion; 5th. To strengthen the fibres of the heart by suitable out-door exercise; 6th. To prevent fibrillation of the blood by suitable remedies—for instance carbonate of ammonia; and, 7th. To prevent secondary complications, such as pneumonia, pleuritic effusion, etc.—*Cal. Med. Gaz. N. Y. Med. Gazette.*

On the Diagnosis of Accidental Hemorrhage from Placenta Prævia.—By EDWARD CALTHROP, L. R. C. P.

THE os uteri being unopen, and therefore a physical demonstration of the placenta impossible, any evidence by which we can determine between the two conditions mentioned at the head of this paper must be of value: I speak of the diagnosis of placenta prævia from accidental hemorrhage in the later months of pregnancy.

We all know, who have had experience in midwifery, the soft, velvety, hot feel of a gush of uterine hemorrhage, when that takes place the hand being in the vagina. It is from the character of the discharge we are to form our diagnosis in the present case.

In the case of placenta prævia—say at the sixth month—the discharge, if any, is blood “*pur et simple*,” and on examination the vagina is most likely full of, or at least contains, clots. In a case of accidental hemorrhage, the discharge is liquor sanguinis, and the vagina free from clots; and it is easy to understand how this is. The blood in placenta prævia comes directly from the uterine or placental vessels, or both, into the vagina, and is there discharged as blood, leaving coagulations behind in the vagina; whereas, in accidental hemorrhage, the blood before being discharged, has to find its way to the os; separating the membranes as it comes down and depositing its fibrin, so that the discharge is liquor sanguinis, and the vagina is free from clots. How often, in a case of accidental hemorrhage arrested and gone to full term, do we not find, on the placenta being expelled, a large mass of fibrin discharged with it (I have more than one in my possession, and have seen numbers). In like manner, after a confinement in which perhaps a small piece of membrane has been left behind in utero, serving as a nucleus, do we not find, the discharge “dirty water,” as

the nurse says, the uterus large above the pubes, and the patient weak and blanched; the fibrin is deposited, and the liquor sanguinis discharged; and the mass, if allowed to remain in utero, prevents the proper contraction of that organ, and is often the precursor of disease, retroversion, &c., and may account for the moles, "false conceptions," &c., so frequently described. But this is scarcely belonging to my subject.

Finding no mention, then, in any authority of this mode of diagnosis (one of many) between these most serious complications, and knowing, by experience, that it is fully to be relied upon, except in cases in which the placenta is very near the os, or the hemorrhage very profuse, must be my excuse for publishing these few rough notes.—*Lancet*.

Treatment of Vaginismus.

OF more than 100 cases of vaginismus that have fallen under the observation of Scanzoni (*Detroit Review of Medicine*), he has been completely successful in the treatment of all to which he was able to give his personal attention, without in a single case having recourse to the knife. The first condition of success is complete sexual abstinence; for the first three or four days a tepid sitz bath should be used night and morning; warm local bathing with aq. Goulardi, or the same applied with lint, several times a day. Defecation must be regulated, and friction from motion carefully avoided. After a few days the sensibility of the parts will be so much allayed that a solution of arg. nitrati x.-xx. grs. to ℥j. may be applied with a brush. After about eight days' continuance of this treatment, vaginal suppositories of ext. belladonna and cocoa butter may be placed behind the hymen and in contact with it, daily. These remedies, either alternately or simultaneously, must be continued until every trace of inflammation has disappeared, and the normal sensibility is restored. Generally two or three weeks will be required to attain these objects. Then dilatation must be commenced, but for this purpose sponge tents are useless. A graduated series of milk-glass conical specula are best adapted to this object. After the first slightly painful attempt, the patient will generally be able to introduce it with facility, and it may be allowed to remain from one-half to one hour. Even when the hymen remains it will not be necessary to incise it, as dilatation can be effected without recourse to that measure. At first the dilator may be used every two or three

days, then every day, or twice a day, for two or three hours, gradually increasing the size of the dilator until the object shall have been attained. Sitz bath, belladonna, and pencilling with nitrate of silver may be required from time to time, and the cure is usually completed in from six to eight weeks.—*Med. Record.*

A Practical Point in the Treatment of Throat Diseases.

FREDERICK A. BURRALL, M. D., communicates to the *Medical Gazette* the following:

It is often a difficult matter to examine satisfactorily the throats of patients who are lying in bed. The head of the bed may be toward the window, thus placing the patient's mouth away from the light, and the glare of a lamp held before the face is often painful to the eyes of the sick. Sitting up in bed and twisted toward the light is a constrained and, to a debilitated invalid, an exhausting position; and while a child would be willing to open its mouth, it would often rebel against sitting up for a throat examination. The physician, conscious that his patient is in a fatiguing attitude, hurries his investigations, and sometimes obtains but a perplexing view. These annoyances may be lessened or obviated by the use of a small concave mirror, with a focal distance of about twelve inches. Daylight can be reflected into the throat of the patient while he lies quietly in bed or slightly raised on pillows, and the lamp used for illumination at night can be placed above or at the side of his head. Of course, it is well known that such mirrors are used by those who are constantly treating diseases of the throat, but the object of this article is to recommend them to more general use. Much weariness would thus be spared the sick, and such a mirror is also useful for the examination of any cavity on a dark day or at night.

Reproduction of the Brain.

SOME very remarkable experiments have recently been made by Voit, in regard to the removal of the hemispheres of the brain of pigeons, and communicated to the Academy of Sciences in Munich. After the operation, the pigeons fell into a torpid condition, resembling sleep; but after a longer or shorter time, generally lasting, however, for weeks, they became lively again, opened their eyes and flew about.

Curiously enough, however, they took no notice of the food placed before them, and had to be fed by hand. They seemed to have lost all feeling of fear of their enemies. The pigeons that had been operated upon on being killed, showed that the space previously occupied by the cerebral hemisphere had become filled, either with a fibrous exudation or with a porous liquid; or else that the cerebellum had moved forward, and the roof of the skull had sunken in. A young pigeon after the operation gradually returned almost to its normal condition, but would not partake of any food of its own accord. After five months' time, in the cavity of the skull previously occupied by the brain, there appeared a white mass, having perfectly the appearance and the consistency of the white cerebral matter, and which passed uninterruptedly and imperceptibly into the crura, which had not been removed. The mass presented the appearance of two hemispheres, each of them with the cavity filled with fluid, and with a septum between them. The whole consisted of perfect, double, contorted, primitive, nervous fibres, and unmistakably contained ganglionic cells.—*Med. Surgical Reporter.*

Postural Treatment of Fifteen Cases of Prolapsed Funis.

DR. M. YARNALL states (*Medical Archives*, March, 1869) that in fifteen cases of prolapsus of the umbilical cord, occurring in the practice of Dr. T. Papin, of St. Louis, reduction was effected by placing the patient on her elbows and knees, in the position recently advocated by Dr. Gaillard Thomas, of New York. "Of the fifteen cases, ten were born alive and did well; of the five remaining cases, all of whom died, one died from subsequent compression of the cord with the forceps after the cord had been successfully returned; in another the cord was completely severed with the same instruments; one died from the too free administration of ergot, and the remaining two were cases in which the children were in the transverse position, and no retaining of the cord was possible, as there was no engaging portion of the child to keep it up, and by the time the uterus was sufficiently dilated to turn and deliver, the children were dead.

"In every case here reported the cord was fully prolapsed, being in some entirely out of the vagina, and in several it was extraordinarily long and large. In two instances I witnessed the operation, Dr. Papin being at the time my

preceptor, and I know several of the children, who are now living in this city."

Treatment of Carbuncle.

IN a clinical lecture upon the treatment of carbuncle, Dr. James Paget condemns the ordinary method of treatment which consists, mainly, in making large incisions through them, and giving large quantities of food and stimulants, as well as considerable doses of quinine, bark, and other tonics. From an extended experience he has come to the conclusion that crucial incisions do not prevent extension; that it is only a limited set of cases in which the incisions diminish pain; and that with regard to time that is occupied in healing with or without incisions, the healing without incisions is very clearly and certainly a great deal the quicker.

The kind of incisions that I have been speaking of is the old plan of crucial incisions. Another method which I have occasionally tried, but of which I can only state the same general results, is that of subcutaneous incision. This has been supposed to have the same general effect as the other; and I think that the same general conclusions may be drawn respecting it: that it is a measure unnecessary in the treatment of carbuncle, and that it retards rather than hastens the healing. When I speak thus of the incision of carbuncles, however, I do not mean to say that there is no condition of carbuncle in which an incision is not useful. Sometimes a carbuncle sloughs in its central part, with one continuous slough of integument holding in a quantity of pus. In that case you would cut through the slough, or through any adjacent part of the carbuncle, to let out the pus, as you would open an ordinary abscess. But this is not a measure which is commonly understood by the "incision of a carbuncle."

If you ask why one may not cut a carbuncle though it may do no good, I reply that you should never be actively useless, and that there are some cases in which the cutting does considerable harm. Carbuncles, for the most part, occur in persons broken down in health, exhausted by overwork, or by bad food, or in general deteriorated health—as sometimes in diabetes or albuminuria; and in all these states it is a good general rule to save the blood they need for healing. The loss of blood from the carbuncle itself would not be considerable; the hard substance of the carbuncle, when cut into, does not bleed, or bleeds but little. But to carry out the incision perfectly, you have to cut into the adjacent healthy

texture ; and this sometimes bleeds very profusely, so as to lead to all the distress and pain of plugging the wound with this or that substance to arrest the blood.

Another measure in the treatment of carbuncles which is supposed to be necessary, is very high feeding and large quantities of stimulants. I learned the opposite of this in one of those cases which you will do always well to study—those, namely, in which the patient refuses to do what you advise him. It is from such cases that we may often learn what is commonly called the “natural history of disease”—its course undisturbed by treatment. A case occurred to me once of an old gentleman, eighty years of age, who had a carbuncle, as big as it could be, on the back of his neck, for it extended from one ear to the other, and from his occipital spine to the third cervical vertebra. He measured it for his own amusement, and it was fourteen inches over its surface transversely, and nine inches vertically—a carbuncle, then, of the largest size, and one, it might have been supposed, attended with considerable risk to life. I urged him very strongly to take a large quantity of what is called “support,” for I was at that time under an impression of its necessity. He absolutely refused, however, and nothing would induce him to take it. I was, therefore, content to stand by and study the natural history of disease in this huge carbuncle ; and the natural history of it was a history that one would have wished to witness in every carbuncle of its size, for no case could pass through its course in a better method. He led his ordinary abstemious life, took moderate quantities of food and of stimulant, lived through a carbuncle of the greatest severity, and finally made a complete recovery, and lived for several years after.

Another case which impressed me very much was that of a friend of my own in the profession, who had a carbuncle on the back of his neck, of a very considerable size. Sir Benjamin Brodie and Mr. Stanley attended him with me, and under their advice the carbuncle was cut. I watched its course afterwards, and felt sure that the cutting had done neither good nor harm. It went on as carbuncles do when not cut. But the gentleman was subject to intense headaches, of which he knew by experience the only possible remedy was almost entirely to leave off food, and absolutely and entirely to leave off stimulants. One of these headaches occurred during the course of the carbuncle, at a time when we had put him upon very full diet and abundant stimulant. He said then he must leave off his stimulants and food, and

we looked with some alarm at what would be the result on the progress of the carbuncle. I remember Mr. Stanley saying to him, in his distinct manner, "My dear fellow, if you don't take food you will die." "Very well," he said, "then I will die, but I will not take food and increase my headache." According to his own wish, therefore, we reduced his diet to a very low level. The course of the carbuncle was not affected at all, unless it were for good; and after three or four days of this, which might be called comparative starvation, he described himself in his own emphatic fashion as being "as jolly as a sand-boy."

In regard to high feeding and large quantities of stimulants, he says that there is no good to be obtained by large feeding or abundant stimulants in ordinary cases of carbuncle. You will find that for patients in private life it will do very well if you tell them that they may have about two-thirds of their ordinary amount of food, and about the same proportion of their ordinary quantity of stimulants. But indeed there is scarcely any reason to change in any material degree the ordinary mode of life of a patient with carbuncle. So far as he can with comfort take that to which he is accustomed, so far he may. If his diet has been habitually low, so it may remain; if habitually high, so, within certain limits and somewhat reduced, it may still remain.

In local treatment one of the best things you can do, if the carbuncle is small, is to cover it with emplastrum plumbi spread upon leather, with a hole in the middle through which the pus can exude and the slough can come away. That, occasionally changed, is all the covering that a small carbuncle will need. It is difficult thus to cover the whole surface of a large carbuncle, and to keep it clean; therefore, I think that the best application for that is the common resin cerate. This should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed-meal and half bread. And, if you want to exercise your skill, learn to make that poultice well, and to put it on well, and to keep it in its place well. That mode of dressing the carbuncle, as far as the materials are concerned, will last through its whole course; but whilst the carbuncle is making progress and discharging its slough, you will find plenty of room for the exercise of considerable skill in dressing it, and filling up the cavities with soft substances spread with this ointment. Besides this, the carbuncles are to be carefully washed, especially with some deodorizing substance, as Condy's fluid, or weak carbolic acid, and the cavities may be

syringed out with it. The importance of cleanliness is very great. You notice in the man whom I showed you just now the spots of acne and boils around the edges of the carbuncle. This points out the necessity of care, which I suppose had not been taken there, to keep the surface of the skin adjacent to the carbuncle perfectly dry, and free from any contact with the discharge, which seems really to have the power of infecting the neighboring skin, and so producing the boils which are apt to arise sometimes in clusters around the carbuncle. Of diet I have already spoken to you. Of medicines I say nothing. Quinine, bark, and other medicines of that class, may be given if you please, or in case of evident need, and so may aperients; but there is really no need of them in an ordinary case of carbuncle. But there is one medicine which you may find very valuable, and that is opium, especially in all the earlier painful stages of carbuncle, in which it relieves the suffering as thoroughly as incisions, or anything I know. After the early stages, even that is unnecessary, except for some patient who may be unable to sleep.

There is one measure in the treatment of carbuncle which is seldom employed, and is yet of great importance, and that is, letting the patient have very free air. The general idea that carbuncles are very dangerous diseases has commonly led to the patients being entirely confined to bed and kept shut up in their rooms. There is in that an unnecessary care; and this, too, I learned from a patient who refused to comply with injunctions—a gentleman with a large carbuncle on the back of his head, who would not keep his bedroom. He had been accustomed to an active life, and after seventy or eighty years of that custom he was quite indisposed to remain in his room. So with that carbuncle he daily came down stairs, changing his room and moving about the house as well as the pain and weakness would allow him. No carbuncle could go on better; all the stages were passed through without any risk or trouble, and it healed with unusual speed. After that I had a yet more striking case. A lady came to London “for the season,” as she called it; and she had not been here more than a week or ten days before a carbuncle came out on the back of her head, just under her hair. It was a great vexation to her that she had to give up all her amusements; and so, as she did not mind the pain, she would go out. And it was then that, for the first time and the last, I saw any value in a “chignon.” She dressed her carbuncle under the chignon, and she went to the park, to

the theatre, and to dances unharmed, and with her carbuncle quite unseen, and no trouble whatever followed. It healed up after the ordinary fashion in about the ordinary time. But, indeed, you may see cases of this description on a much larger scale if you watch the carbuncles that come to us in the out-patients' room. There we often see them of considerable size, and they do as well among the out-patients as among the in-patients; and yet these out-patients are freely in the air all day, and many of them continue at their work. You may set it down as one point to be attended to in the management of carbuncles that patients should not be confined to their room. They should at least have change of air in their own house; and, unless they are too low, they should not avoid exposure to the fresh open air.

Treating your case of carbuncle upon this plan, I believe you will find that the great majority will pass through their course well. I cannot tell you what the ordinary proportion of deaths from carbuncles is; but I know that carbuncles are commonly looked upon in the profession as dangerous things, and a large carbuncle on the back of the head is considered to be fraught with risk to the patient's life. But that is very far from being the case in my experience. Remembering, as far as I can, or rather guessing at the number of carbuncles I have had to treat, I should say that there is no other disease of the same extent and general severity which is attended with so little risk of life. During twenty years of hospital and private practice, I cannot have treated less than 200 carbuncles; and of these 200, four have died, giving a mortality at a fair guess, of only two per cent.—a mortality which is less than that of most of the minor operations of surgery, and less really than that of any disease of equal severity that you can name.—*London Lancet.*

EDITORIAL.

End of the Volume.

THE present number completes the fourth volume of the Eclectic Medical Review. A glance at the table of contents appended, will indicate the variety and practical value of the matter presented during the past year. Gratifying evidence of the growing popularity of the Review comes to us in the shape of a large increase to our subscription list, and words of cheer and encouragement from a vast

number of readers. These last, though less substantial, are none the less grateful as they furnish testimony of the high estimation in which the Review is held; and give assurance that our efforts to advance the cause of liberal medicine are felt and appreciated.

We shall redouble our exertions another year to make the Review still more worthy the confidence and support of the Eclectic Medical Profession. With the addition which will be made to the editorial corps, in the person of Prof. Browne, whose elaborate articles have formed one of the most valuable and attractive features of the volume just closed, and with the assistance of a number of able collaborators who have promised to contribute regularly, we feel assured that we hazard nothing in asserting, that the Review will not be surpassed in practical value and scientific merit by any medical journal published in the country. All that we need, to make the Review the most extensively circulated as well as the most valuable of medical journals, is the co-operation of our readers. Let every subscriber send us a new one, or send the name and address of any physician who, he thinks, would like the Review. To such we would be pleased to send a specimen number. We think that an examination of its merits would be all-sufficient to induce physicians to subscribe.

Our patrons would greatly oblige us by remitting promptly, so that we can form an estimate of the number of copies to be printed in the initial number of the next volume. We would reiterate the advice given in our last issue: in making remittances, send, as far as practicable, P. O. orders, or, if currency, send in registered letters. A receipt will be inclosed for every subscription received.

Annual Meetings of State Eclectic Medical Societies.

THE Semi-annual meeting of the New York State Eclectic Medical Society, will be held in the City of New York, the fourth Thursday and Friday (24th and 25th) of June.

The Annual meeting of the Massachusetts State Eclectic Medical Society, will be held in Boston, the first Thursday and Friday (3d and 4th) of June.

The Annual meeting of the Vermont State Eclectic Medical Society, will be held in Montpelier, the second Wednesday (9th) of June.

The Annual meeting of the Maine Eclectic Society, will be held in Portland, the fourth Wednesday (23d) of June.

The Annual meeting of the Indiana State Eclectic Medical Society, will be held in Indianapolis, the first Tuesday (1st) of June.

The Annual meeting of the Ohio State Eclectic Medical Society, will be held in Cincinnati, the fourth Wednesday (26th) of May.

The Annual meeting of the Illinois State Eclectic Medical Society, will be held in Springfield, the fourth Wednesday (26th) of May.

We hope to have a large attendance of members at our New York semi-annual meeting. The address will be delivered by the distinguished president of the society, Dr. Alexander Wilder, and this is sufficient assurance that the society will enjoy an intellectual treat.

The importance of our societies need hardly be dwelt upon. Their intention is to bring us more closely together; to make us more united; to give us an opportunity for a free interchange of thought and opinion.

We are enlisted in a noble cause, even the establishment of a better system of medicine; and now that we have put our hand to the plow, it behooves us to look not back, but to press steadily onward.

The enemies of reform are making persistent efforts to crush us out of existence and to trample on the cause we advocate. Let us meet, then, and take counsel together, so as to thwart their plans and frustrate their designs. We have done much, but there is more yet to be done. Let us work harmoniously together. Let us move forward in solid phalanx, united and determined, the banner of reform unfurled to the breeze with this inscription on its folds—"Progress in Medicine! The amelioration of the condition of man!!"

Legislation in Behalf of Eclectic Medicine.

THE Legislature of the State of New York, at its recent session, displayed a commendable disposition to favor the Eclectic School of Medicine. The usual appropriations were made without a dissent; and will, we trust, yield a hundred fold in their benefits conferred. Our friends in Brooklyn were especially favored. At the instance of Hon. Henry C. Cullen of the Assembly, a law was passed making it the duty of the joint Board of Supervisors and Aldermen to levy an annual tax of one thousand dollars and pay it for the support of the Eclectic Dispensary of that city. A law was also passed creat-

ing it a corporation, so that there should be no let or impediment in the way of the institution, thus disposing summarily of its apprehended difficulties.

The charter of the Eclectic Medical College was also amended, defining more perfectly the scope of its powers and functions, and making it more homogeneous in its character with other institutions. As is the case with medical and surgical colleges incorporated by the Board of Regents of the University, a Board of Censors is authorized to examine and recommend candidates for the degree of Doctor of Medicine. The corporate powers are more distinctly expressed; and provision is made that the diploma of the college shall be a genuine certificate, the actual conferment of a degree, and bearing date from the day that it goes into practice. The disgraceful practice of some colleges and professors of vending spurious degrees, is effectually guarded against in the charter of the Eclectic Medical College of the city of New York. Its parchment is genuine.

This amendment to the charter also disposes effectually of all doubts in relation to the right of women to attend lectures and receive instruction from the Faculty of the Institution. The following clause, inserted at the instance of Hon. Winfield S. Cameron, of the Assembly, is explicit upon that point:

"No person over sixteen years of age, of good moral character, who has gone through the proper course of preliminary study, and conforming to the usual rules of admission and attendance, shall be excluded from attendance at the terms of instruction at said college."

This provision involves no new principle. The general statutes of the State in relation to medical colleges, uniformly recognize "persons of good scholarship and moral character" as entitled to the benefits, honors, and diplomas, of those institutions. The exclusion of women as students, by the officers of any such college, is clearly without authority of law; their rights in this matter are the same as those of the other sex, equally as in the public schools. A right so well defined will be exercised. The usage in eclectic institutes has been to receive them as a matter of course. To place the subject unequivocally beyond controversy, the Board of Trustees of the Eclectic College of the city of New York, in 1868, adopted the following resolution:

"*Resolved*, That female students be educated in the Eclectic Medical College of the city of New York, upon the same conditions as male students."

This is the final determination of the matter, and it is not necessary to discuss it further.

The Legislature has thus done much to place medical eclecticism on a firmer foundation. With a strong incorporated State society and vigorous auxiliaries, a college having a superior rank in point of scientific advantages and practical instruction, and two dispensaries in active operation, the eclectic practice may now, with freshened energy, make new advances into the field which it is destined yet to occupy and maintain.

Legislation in regard to Medical Prescriptions.

WE are gratified to see that the Legislature has enacted a law regulating the preparation of Medical Prescriptions. According to this law, no one shall prepare a medical prescription, unless he has served two years' apprenticeship in a drug-store, or is a graduate of a medical college, or a college of pharmacy. And the violator of this law shall be fined one hundred dollars or imprisoned six months in the county jail; and the proprietor of the drug store that permits such violation shall be fined a sum vibrating between one thousand and five thousand dollars, or be imprisoned in the State prison between two and four years. This is a righteous law, and one that the carelessness of drug-clerks rendered imperatively necessary. We hail it with pleasure, and feel confident it will diminish the number of casualties resulting from the dispensing of poisons, instead of the drugs prescribed.

We append the act alluded to:

CHAPTER 478.

An Act regulating the preparation of Medical Prescriptions,

Passed May 1st, 1869.

The People of the State of New York represented in Senate and Assembly, do enact as follows:

§ 1 No person employed or in attendance at any drug store or apothecary shop, shall prepare a medical prescription unless he has served two years' apprenticeship in a drug store, or is a graduate of a medical college or a college of pharmacy, except under the direct supervision of some person possessing some one of the before-mentioned qualifications; nor shall any one having permanent charge as proprietor or otherwise, of any store at which drugs are sold by

retail, or at which medical prescriptions are put up for sale or use, permit the putting up or preparation thereof therein, by any person, unless such person has served two years as apprentice in a retail drug store, or is a graduate of a medical or a college of pharmacy.

§ 2. Any person violating the provision of this act, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not to exceed six months in the county jail; and in case of death ensuing from such violation, the person offending shall be deemed guilty of a felony, and be punished by a fine not less than one thousand dollars nor more than five thousand dollars, or by imprisonment in State prison for a term of not less than two years, or by both fine and imprisonment, in the discretion of the court.

§ 3. This act shall take effect immediately.

Honor Conferred.

MADISON COLLEGE, SHARON, MISS., }
Monday, 26th April, 1869. }

Prof. J. M. F. Browne, A. M. M. D., Eclectic Medical College, New York City.

SIR:—I have the pleasure of informing you that the Trustees of Madison College have this day, upon the recommendation of several of your friends, conferred upon you the honorary degree of "Doctor of Laws" with all the honors and privileges thereunto pertaining.

Very respectfully,

M. J. M'KIE, *Prest. Board Trustees, Mad. Col.*

W. L. C. HUNNICUTT, *Secretary pro-tem.*

Treacle.

MANY words of the English language possess a peculiar historic interest and bring with them the memory of customs long past, and of incidents long forgotten. One of these is the word *treacle*. This term, which is now applied to the viscous fluid, known as molasses, imported from Louisiana and the West Indies, is derived from the Greek word *Θηρίον* which signifies *a wild beast, an animal with a venomous bite*, or, specifically *a serpent or viper*. But what connection, it may be asked, is there between a viper and *treacle*? And how

came it to pass that so sweet a substance should have received its name from a poisonous reptile? The explanation is found in a superstition of the olden time. It was a popular belief among the nations of old that a viper's bite could be cured only by the application of the juice of viper's flesh, or by a decoction of the same, called *viper's wine*. This superstition was very prevalent in the second century of the Christian era; and a relic of it survives even at the present day, as may be recognized in the advice frequently given by the old toper to the youthful debauchee: "Take a hair of the dog that bit you:" "Take a glass of brandy to steady your nerves."

The celebrated Galen of Pergamos, under the patronage of the Emperor Marcus Aurelius, prepared and published a system of pharmacy which, in allusion to this superstition, he called *Theriaca*; and this when freely translated, signifies *antidotes to poisons, or remedies for disease*.

The decoction of viper's flesh was known as *theriacle*. This, in the course of a few generations, became *theriac*. By and by *theriac* was transformed into the diminutive *theriacle*; *theriacle* into *triaele*, and *triaele*, by the substitution of e for i, into *treacle*.

There are sundry words in our vocabulary that have undergone this alterative process; as, for example, the word *cravat*. This term we got from the people of Croatia. These people are called Croats, and, in early times, contrary to common usage, they wore a cloth or "suggin" around the neck. By and by others began to wear cloths about the neck, and, as the custom was borrowed from the Croatians, they called the neckcloth a "croat." This soon became corrupted into "*Crovat*," and this, finally, into *Cravat*. Many similar examples might be given, illustrative of this process of change. But to return to the word *treacle*. This term changed its meaning and application with its various changes of form. First it signified the decoction or confection of viper's flesh applied to the viper's bite. Then it meant any antidote whatever, no matter what its composition—no matter what the evil it was intended to cure. Then it came to mean "the sugary confection" intended to disguise the nauseous taste of medical prescriptions. This "sugary confection," by the way, was usually honey, jelly or jam, and was not always at hand when medicine was to be taken; when, therefore, molasses was imported it proved a sort of godsend, as supplying the place of the confection less easily procured. Hence it received the name of *treacle*, and so completely has it usurped the name that few are aware that it ever had any other meaning.

earing of Eye-glasses.

THE unsophisticated country-farmer who visits New York, or any of our larger cities, for the first time, is surprised to see so many young people of both sexes wearing eye-glasses. And were he to consult a physician as to the cause of this phenomenon, he would be told that the necessity for wearing glasses may be caused by either of a brace of diseases, one of which is *affectation*, the other, *amaurosis*, the former utterly incurable, the latter sometimes amenable to treatment. In regard to the first disease we have nothing to say at present. There is no use in wasting time in idle speculations as to its pathology or treatment. The unfortunate patient who is attacked by it, is beyond hope, and we are obliged, however reluctantly, to leave him to his fate without an effort for his relief. But in regard to amaurosis, we desire, for the benefit of the honest farmer, to say a few words as to its cause. The word itself is Greek, and signifies *obscurity*, or *darkness* or *imperfect vision*.—Persons affected with this disease cannot see objects distinctly although they may have the aid of the most brilliant light. They often lose the faculty of distinguishing color. In reading, they miss words or lines, and are obliged to follow them by moving the eye, the head, or the whole body.

Various causes may produce this disease, but at the present day, it is brought on, in a large number of cases, as we firmly believe, by the beastly practice of masturbation. This secret vice slays its thousands every year. It saps the constitution, and gradually and insidiously dries up the life-fountains. Few are aware of the extent of its ravages. It emaciates the body; it unsteadies the step; it taints the breath; it dulls the hearing; it dims the vision. In hundreds of cases the amaurotic eye is the result of this practice too loathsome to speak of—too abominable to contemplate. And the honest farmer who stares at the young gentleman with “spectacles on nose,” may regard it as a rule, that the youthful wearer of *eye-glasses*, however dainty his cane or elegant his kids, is either an affected fop or a filthy onanist.

Eclectic Life Insurance Company of New York.

THIS company has furnished us their new Manual, which contains matter of great interest upon the subject of Life Insurance. It is a neat volume of 40 pages, printed on tinted paper, and hand-

somely gotten up with an elegant cover. The hand Manual has thirty-two pages. In artistic style and valuable information, it is complete. This company has met with great success, under the able management of its President J. W. Barker, and his co-laborers. Although it has been in operation about nine months and carrying an insurance of about one million seven hundred thousand dollars, it has not sustained a single loss.

Mercurial Amalgam for Teeth Filling.

THE use of mercurial amalgam for filling the teeth cannot be too strongly condemned. Its action is in the highest degree pernicious. We have examined the teeth of many persons who had worn it for several years, and in every instance, we found unmistakable evidence of mercurial disease of some kind. In the greater portion of the cases there was ulceration around the teeth. In some instances all the adjoining teeth had turned quite black. In some there was more or less mercurial neuralgia, in others mercurial paralysis.

The dental profession in this country is one of great importance. Its progress is remarkable, its success complete. We regret its resort to mercurial amalgam as a tooth-filling agent, and hope it will accept without delay such measures as will ensure the discontinuance of its use.

Appreciation.

WE are pleased to learn that the ladies in attendance at the Eclectic Medical College of New York have expressed their appreciation of the instructions therein received, in a few beautiful stanzas composed by one of their number and addressed to the professors of the college. We are sorry that space forbids us to publish these stanzas, and can only assure our readers that we regret very much to deprive them of this poetical treat.

The Craig Microscope.

WE have lately examined one of these beautiful and ingenious little instruments, and have been much pleased with its action. Although of comparatively recent introduction, it has become exten-

sively and favorably known throughout the country. Most persons who have not tested it are disposed to regard it as an ingenious little toy, but of little or no practical value. An examination of its merits will at once correct this error. Its high magnifying power makes it available to the physician in the prosecution of many of his microscopical investigations, rendering, as it does, the blood, pus and cancer cells distinctly visible. Of course it does not pretend to supersede the more costly and elaborate instruments, yet its cheapness, simplicity, ready adaptability and real excellence, commend it to favorable notice. It will be sent, post-paid, on receipt of \$2.50 by George Mead, Racine, Wis.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By JOHN M. SCUDDER, M. D., Professor of Pathology and the Practice of Medicine in the Eclectic Medical Institute of Cincinnati, Ohio. pp. 452.

Dr. Scudder has a prolific pen. It brings forth volume after volume in quick succession. Its last parturient effort is "The Eclectic Practice in Diseases of Children." This is a suitable successor to "A Practical Treatise on the Diseases of Women." The author claims for it the mission of rendering the treatment of infantile diseases more certain and pleasant. "The Practice of Medicine," says he in his preface, "has hitherto been a chapter of horrors which the truer civilization of the present day will not tolerate. We may endure the sufferings of disease with some degree of equanimity, but we will not have those sufferings intensified by medicines. This is the feeling of the better class of people, and especially of parents with regard to their children." In the volume before us, he desires to aid in establishing a better system of medicine. It is a laudable desire, and we cordially commend it.

The book is divided into three parts—*Infantile Therapeutics, Care and Management of Children, and Diseases of Children.*

The author says that "the treatment recommended, varies greatly from the treatment of the standard works of the day, or the teachings of the schools."

We have not had time to give the book an attentive perusal. We, however, have glanced at a few of its chapters, and have found them, in the main, explicit and succinct. Haste of preparation, we presume, will account for sundry grammatical inaccuracies that have crept in, to mar the pleasure of the scholarly reader. While its literary merits will scarcely entitle it to adoption as a text book, its

plain, practical teachings will commend it to the practitioner, and even, perhaps, to the general reader.

THE MANUFACTURER AND BUILDER.

WE have received the May number of this Journal, and are greatly pleased both with its matter and its external appearance. We take pleasure in commending it to the notice of the mechanics of the country. It is filled with reading matter of the highest practical value, and is illustrated with engravings of everything new relating to manufacturing and building. It contains 32 large quarto pages—the type is good, the paper good, and altogether it presents a very attractive appearance. Every operative and mechanic should read it, and it should be on the table of every library and the desks of every reading room. It is one of the cheapest periodicals of the country, costing less than three cents a week. It is well calculated to benefit the class of readers for whom it is intended, and we cordially commend it to their favorable notice.

NEWS AND MISCELLANY.

THE CULPABILITY OF PHYSICIANS IN DEATHS FROM OVER-DOSE OF REMEDIES.—Judge Fisher, of Washington, in a recent trial for manslaughter, charged the jury that a mere error of judgment should not be punished, for all are liable to error. If the defendant had given medicine for the purpose of relieving the patient, and by mistake prescribed an excessive dose, he is not guilty of manslaughter. If there was wilful rashness, if he cared not whether the medicine killed or cured, it would be different from a case where medicine is administered with honest intentions. It had been testified that this was one of the prescriptions which it was designed should not be administered after relief was had, and that deceased was relieved by the first dose. The physician was not responsible for the administration of the second dose, and they should acquit him. The jury after a short absence returned with a verdict of not guilty.

HORSE-MEAT IN PARIS AND BERLIN.—The sale of horse-meat has not taken so well in Paris as might have been expected from the first success of the undertaking. We are informed by the official accounts, which have just been published, that during the last twelve months the number of horses slain in Paris amounts to 2,400. Out of this quantity five per cent. have been employed in making sausages, etc.; whilst forty per cent. have been sold to the small *restaurants*, and ten per cent. to the poorer classes. It may thus be seen that the quantity of horse-meat knowingly consumed as such in Paris is very small. Indeed, even the poorest people in that city manifest a

strong aversion to horseflesh. The number of horses slain in Berlin in the same period of time amounts to 4,044, thus forming almost double the number slaughtered in Paris. But it may be well to add that the Berlin dyers are now making an extensive use of horse-blood.

CHEAP MEDICAL ADVICE.—The *Lancet* states that among the poor and middle classes of Manchester the druggists are styled “doctors;” their usual charge is fourpence for each attendance; in “serious” cases some of them visit the unfortunate patients at their homes.

ERGOTINE AFTER AMPUTATION.—At a meeting of the French Academy on the 30th of November, Mr. Bonjean sent in a note to the effect that when ergotine has been given after operations, the mortality is thereby much diminished. Mr. Bonjean states that at the Hospital of Saint André, in Bordeaux, the mortality after amputation, which had been three-fourths, has been reduced for the last year to one-fifth. The surgeons at the hospital give the patient immediately after the operation, and for a space of fifteen days, from 2 to 3 grammes (from 1.2 to 1.9 dwts. troy) in a draught. The chief remedial effect of this is to diminish or prevent suppuration.—*The Practitioner*, Jan. 1868.

“TRANSFUSION.—Prof. Landois, of the University of Greifswald, who has interested himself much in the subject of transfusion, after giving a critical account of the most recent publications on the subject, thus sums up, in a recent number of the *Wien. Med. Woch.*, the results that have hitherto been obtained: 1. Transfusion has been performed 99 times in cases of hemorrhage, in 11 of which cases no successful result was even possible. Of the remaining 88 cases, 65 were attended with success, 20 were unsuccessful, and in 3 the result was doubtful. 2. It has been performed 12 times in cases of acute poisoning, one of these being hopeless. In 3 the results were favorable, and in 8 unfavorable. 3. For various forms of disease attended with exhaustion, it has been resorted to 43 times, the most unfavorable prognosis having been frequently delivered. In these the results were favorable in 12, unfavorable in 21, and doubtful in 9, while in one case it was a mere desperate experiment. Prof. Landois observes that these statistics speak very satisfactorily for transfusion, and that the results would be far more favorable if this almost harmless operation were not usually driven off to the last minute.”—*Med. Times and Gaz.*

IODINE AND CARBONIC ACID FOR LOCAL APPLICATION.—As a substitute for this, Dr. Alex. Boggs recommends in the *Lancet* the following: “Tincture of iodine, one drachm and a half; glycerine, two ounces; solution of chlorinated lime, six ounces. Half an ounce of this solution to six or eight ounces of water is used in all cases to which the tincture of iodine or chlorinated lime is applicable. The solution is perfectly colorless, and may be used with advantage as an injection in diseases with fetid discharges.”

BLISTERS IN CHILDREN.—Dr. Botti states, in *L'Imparziale* of Florence, December 19, 1868, that he ordered two small blisters for the front of the chest of a child eighteen months old, suffering from severe bronchitis. Unfortunately the two blisters were placed too close to one another (it is not said how long they were left), and a deep ulceration was the consequence. Soothing poultices did not prevent the formation of sloughs; and these, on being cast off, were replaced by others, which adhered like diphtheritic false membranes. The ulceration, in spite of adequate treatment, went on extending, the child lost its strength, and soon died exhausted.

A NOVEL PRESCRIPTION FOR THE AGUE.—Sir Kenelm Digby, of England, wrote to Gov. Winthrop, the second, of Massachusetts, in the eighteenth century, and recommended the following cure for the ague: "Pare the patient's nails; put the parings in a little bag round the neck of a live eel, and put him in a tub of water; the eel will die, and the patient will recover."—*Med. Record*.

MADAME KASCHEWAROW.—The Medico-Chirurgical Academy at St. Petersburg conferred, at its annual conference a few weeks since, the degree of M. D. upon Madame Kaschewarow, the first female candidate for this honor who had presented herself before them.

EXTIRPATION OF THE UTERUS FOR COMPLETE PROLAPSE.—Prof. Langenbeck, of Hanover, has recently performed this operation upon a woman forty-eight years of age, who had suffered from prolapse since the birth of her first child eighteen years previous. She had borne nine children since then. The result was a good one. The patient removed the ligatures herself from the eighth to the tenth days. The operation was performed on the 15th of May; on the 29th she left her bed; and on the 31st she took her first walk in the open air.—*Memorabilien*.

WARM COD LIVER OIL.—Dr. Betz finds warm cod liver oil often tolerated, when the oil cold cannot be borne.—*Memorabilien*, 1868, p. 24.

IODIDE OF SODIUM IN LEAD POISONING.—M. Rabuteau advises (*Gaz. Hebdom.*) that the iodide of sodium should be used in treating lead poisoning instead of the iodide of potassium. The former, he says, is as active an eliminant as the latter, and does not produce any ill effects.

TREATMENT OF TYPHOID FEVER BY GLYCERINE.—Mr. E. Shedd claims (*Brit. Med. Jl.*) great success in the treatment of typhoid fever, by this plan: "As soon as there is any tenderness in the abdomen upon pressure, I prescribe drachm doses of glycerine (in the case of an adult), to be repeated three times a day. Under this treatment, the temperature gradually subsides, becoming normal towards morning, and rising to 99° Fahr. towards evening. The secretions soon improve; a profuse perspiration frequently prevails; diarrhœa is quickly checked; and the patient becomes convalescent.

"Of the numerous cases which have come before me in my practice, I have treated twenty-seven in the manner described, and with complete success, as not a single death from typhoid fever has occurred."

DISUSE OF BLEEDING.—Bleeding, which was formerly a favorite remedy in France, being prescribed even in cases of consumption, has now fallen decidedly into disuse. As an indication of the present practice, it is stated that in Paris, at the central bureau of the medical establishments forming the department of what is called "L'Assistance Publique," 6151 prescriptions and 1513 verbal consultations were given in the year 1867. Out of these 7644 cases there were only two in which bleeding had been prescribed. In the year 1852 the number of cases in which bleeding was prescribed amounted to 1256.

LAKES CONTAINING SULPHATE OF AMMONIA.—Prof. J. Ville finds that the waters of certain lakes in Tuscany contain a large quantity of sulphate of ammonia.

MORTALITY FROM SNAKE-BITES IN INDIA.—During the past year, one thousand one hundred and twenty-seven persons died in India from the effect of snake-bites.

THE ACONOXYLON.—Dr. Paul Niemeyer, of Magdeburg (*Gazette Med. de Paris*), recommends a solid wood stethoscope, made of deal, which is eighteen times superior to air for conducting sounds. This, the "aconoxylon" is the only stethoscope constituted according to the law of physics, and is superior to Laennec's cylinder.—*Med. Record*.

INDIA-RUBBER SPONGE.—An artificial sponge, made by filling India-rubber, in a fluid state, with bubbles of gas, and then allowing it to harden, has just been introduced in England and this country. It seems capable of being made into pads for fracture, hernia, etc. and is very elastic.

A CLEVELAND PHYSICIAN ON TEMPERAMENT.—A life insurance agent in Toledo had occasion to insure a man residing in Cleveland. The printed questions to be answered by the examining physician were duly forwarded, and Mr. A., who was desiring to have his life insured for the benefit of his wife, called upon a German physician to make the customary examination. Everything went well until it came to "temperament," and here the doctor "stuck." He said nothing, however, but on filling up the blank instead of giving the temperament of the man, he wrote at the bottom of the sheet as follows: "Mrs. A. very bad temper, Mr. A. much worse."

ANTAGONISM OF YELLOW FEVER AND CATARRH.—Dr. W. H. Ford, Professor of Chemistry in the New Orleans School of Medicine, contributes to the *New Orleans Journal of Medicine* a paper which seems to demonstrate, from statistics carefully collected in Charleston, S. C., that "the causes of putrefication are the prime causes of yellow

fever and cholera; and conversely that the absence of these causes was nearly always associated with the prevalence of catarrhal diseases, and that these were entirely antagonistic to the yellow fever and cholera."—*Pacific Med. and Surg. Journal*.

MORPHIA INSTEAD OF CHLOROFORM IN DISLOCATIONS.—A German writer recommends the acetate of morphia by hypodermic injection, to produce narcotism in dislocations. He uses from one half to one fifth of a grain. In comparison with chloroform he considers it more prompt and certain, safer and more convenient.

FEES IN CONTAGIOUS DISEASES.—In Prussia the fee-bill of physicians is fixed by law, and has been time out of mind. In its revision in 1815, it was decided that a physician attending a contagious disease should have his honorarium doubled, and that a surgeon operating on a contagious disease should have his fee increased one-half. In the case of a bite of a mad dog, he could, on cutting out the wound, charge even ten times his ordinary amount.

Some such arrangement would be a good one with us. A doctor should not be asked to risk his life and his time for the same paltry sum that he gets for an ordinary visit.

FEMALE STUDENTS.—There are at present in the medical school at Zurich, eight young women studying medicine, of Russian and English birth. Professor Kapp has been so much pleased with this, that he is preparing to institute a higher school for girls intending to enter the University.—(*Mädchen gymnasium*.)

OIL OF TURPENTINE IN TRAUMATIC ERYSIPELAS.—Professor Lücke, of Bern (*Berliner Klin. Wochenschrift*), believes that the local application of oil of turpentine in traumatic erysipelas is very beneficial. The redness disappears in two or three days, and the temperature falls in a remarkable manner under this treatment. By rubbing in the turpentine, rather than pencilling with it, the effect is more rapidly produced. No local irritation results from the application of the turpentine, the patient only complaining of a temporary feeling of burning.

THE BITTERNESS OF SULPHATE OF MAGNESIA REMOVED.—According to the *Bulletin Thérapeutique*, by boiling a little coffee in the solution of the sulphate, the flavor of the coffee masks the bitterness of the sulphate of magnesia. The decoction of senna may be covered in the same way.

BISMUTH IN INDIGESTION.—W. F. McNutt, M.D., of San Francisco, Cal. (*Cal. Med. Gazette*), believes that bismuth is more than a local anæsthetic to the stomach, as generally regarded by practitioners. His experience of the administration of bismuth has led him to think that its efficacy is due almost entirely to its chemical action upon sulphuretted hydrogen generated in the bowels. Bismuth not only destroys the sulphuretted hydrogen present in the bowels, but is an

antiseptic to albuminous matters, preventing their putrid decomposition. He administers to patients, suffering from nervous derangement caused by undigested food in the stomach, this drug in doses from five to ten grains, and quiet sleep follows. Bismuth combined with Dover's powder has a happy effect, when the former does not act as anticipated.

A REMARKABLE CASE OF IMPERFORATE ANUS.—The daughter of a Jew, called Teotonicus, came into the world without an anus, passed her fæces by the vagina, and lived to the age of a hundred years.—*Med. Record.*

TREATMENT OF THREATENED ABORTION.—Tincture of gelsemium, in five-drop doses every half hour, is an excellent prescription in uterine hemorrhage, being of special value in cases of threatened abortion.

A SOLVENT FOR INDIGO.—Chloroform is said to be a perfect solvent for indigo blue, and is now used very extensively in combination with that dye.

FOR DYSPEPTICS.—We have found Hecker's wheaten grits a highly nutritious, palatable, and healthful preparation, invaluable for dyspeptics and persons of sedentary habits.

LOCATION FOR SALE.—Dr. R. B. Easley, Hornsby P. O., Clyde Station, Ill., wishes to move West, and offers his property for sale at a bargain. The location seems desirable, and physicians in quest of a place to settle, would do well to apply.

LOCATION FOR SALE.—Dr. G. W. Smith, Burnettsville, White county, Ind., desires to sell his house and lot, and his office with a practice of \$3,500 a year.

Prof. Jas. M'Clintock, M. D., of Philadelphia.—We understand that this distinguished surgeon contemplates spending the summer in delivering popular lectures in the West. The well known ability of Prof. M'Clintock warrants us in promising an intellectual treat to the cities he visits.

FOR SALE in one of the largest seaboard cities, of thirty thousand inhabitants, in Massachusetts, a splendid office and a large paying general Practice of twenty years' standing, doing a cash business of \$10,000 per annum.

Also, for sale by the same party, an elegantly fitted up and well paying Drug store.

The above Practice, or Drug store, will be sold to responsible parties on very easy terms. Address Lock, box 2658, Boston, Mass.

BOSTON MEDICAL AND SURGICAL JOURNAL.

WE have received Nos. 9, 10, 11, 12 and 13 of "The Boston Medical and Surgical Journal." This periodical is edited by Dr. Luther Parks jr. and Dr. David F. Lincoln, and is printed and published by David Clapp & Son, 344 Washington St. Boston. It is well known, ably conducted, and one of the oldest journals in the country. It has this peculiar feature: it is published every week and the several issues during the month are bound together and published in the form of a "monthly series." For several weeks, through the blunder, no doubt, of some official or officious person, we were deprived of the pleasure of reading it. We welcome it again to our table and thank our editorial brethren for sending us the numbers of which we were deprived.

BOOKS AND JOURNALS RECEIVED.

The Chemical News and Journal of Physical Science.
 Buffalo Medical and Surgical Journal.
 Boston Medical and Surgical Journal.
 Eclectic Medical Journal of Cincinnati.
 The Druggists' Circular and Chemical Gazette.
 The Journal of Materia Medica.
 Pacific Medical and Surgical Journal.
 The Dental Register, Cincinnati.
 The Dental Cosmos, Philadelphia.
 American Homœopathic Observer.
 Phrenological Journal, New York.
 Journal of Applied Chemistry.
 Ohio Medical and Surgical Reporter.
 The Medical Investigator.
 American Agriculturist.
 Braithwaite's Retrospect.
 London Lancet.
 The Humboldt Medical Archives.
 The Western Journal of Medicine.
 The Philadelphia University Journal of Medicine and Surgery.
 Eclectic Medical Journal of Pennsylvania.
 The Cincinnati Medical Repertory.
 New York Medical Gazette.
 Herald of Health.
 Revista Medico-Chirurgica y Dentista.
 Druggists' Price Current and Chemical Repository.
 American Journal of Dental Science.
 Missouri Dental Journal.
 The Chicago Medical Times.
 New England Medical Gazette.
 United States Medical & Surgical Journal.
 American Journal of Obstetrics & Diseases of Women & Children.



